STATE OF MARYLAND

	/	REGISTRAR		CLKIIII	ICATE OF DEATH		REG. NO.					
1		CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF	DEATH HIGHETH	DAY / YEAR	26. HOUR O			
4	LETYPE	CONTRACT CONTRACT	C.V P	100 +	22100		2	12/86	1 STIM			
1	1.5EX	CONTO	1 RACE	5. DATE O	DE BIRTH	& AGE LINYE	ARS LAST BIRTHDAY	T POINT VIAN	# UNDERTAINE			
	200	TABLE TO SERVICE STREET		MONTH	DAY YEAR	1000	1	MONTHS BAYS	HOURS BUILD			
	-	ale	Caucasian		ary 6, 1926	60	YR					
	7u. 88	ATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMOR	BALTIMORE CITY OR COUNTY OF DEATH					
2	60 5	rginia	U.S.A.	WIDOWE		M	stric	amo	NO Y MD.			
$\overline{}$	_	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME O			CCUPATION		F BUSINESS OR			
	B	a honalla	(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	Haca	TYPE OF WORK		G LIFE) INDUSTRY	State			
3	USLG	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE RE	FORE ADMISSIONS	110261	114/00	ums Aaji	ister ta	rm Ins.			
П	13a. 5	TATE 136 COUN	NTY 13c. CITY OR TO	OWN	134 INSIDE CITY LIMITS?		DDRESS / ZIP CO					
	-		omery Silver	Spring		1013	5 Arcola	Avenue	20902			
è	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN	VAME	MIDDLE	LAS				
)		John	Mears		Annie		MIDDLE	Bloxon				
4	160 W	The state of the s	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS	DCU XVII				
			VE WAR OR DATES)	0704	D 0 11.							
	Yes	s I ww	II 218-16	-9724	Peggy S. Me	ears w	ife Sar	ne as 14				
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane couse per line for a), (b)	and to si	. /	1		BETWEEN	MATE INTERVAL ONSET AND DEATH			
			TE CAUSE (O)	i Cen	ic sh	25/4						
		The state of the s	DUE TO, OR AS A CONSE	OLIENICE OF								
		Conditions, if any, which	DOE TO, OR AS A SOTOE		Unio							
		gave rise to immediate	(0)	may .	The same of the sa	1						
	1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF								
			(c)	Drug	-Juled							
	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	OR COMDITION	GIVEN IN PART IL	o			
	CERTIFICATION	Lutra Valenta	r Coopular	ally,	Kenal far	lure,	line	faille	ne			
à	CA	190 DATE OF OPERATION	THE CONDITION FOR WHI	CH OPERATION	N WAS PERFORMED	20a AUTO		YES, WERE FINDIN				
	#					YES 🗍	NO	YES T	NO			
5	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCC	JRRED (ENTERNAT	URE OF INJURY IN ITEM	18 PART I OR PART 2)				
7		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR								
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	21f LOCATION							
-	ME		(AT HOME STREET FACTORY, OFFI	CE, FARM ETC)	STREET		CITY OR TOWN	COUNTY	STATE			
		AT WORK AT WORK			0							
	-	220.1 certify that (1) (this haspi	tal) attended the deceased from	m	77 19	(, to	7.2.	, 19 5	that (1) (we) last			
		saw the deceased alive on	t) view the bady after death.	36, an	d that in (my) (aur) apinio	on death accurred	on the date and	have and from the	causes stated			
	1	22b. SIGNATURE	n l		DEGREE			22c. DATE	SIGNED			
		4.	1hahar		ATTENDING		STAFF	77	.Al.			
		226. PHYSICIAN'S NAME TTYPE O	PRINTS		PHYSICIAN 122e ADDRESS	DIRECTOR	PHYSICIAN [1 7.6	30			
		16100 1	1410 11	1	1 A210 11	Secont.		11 41	un			
		11111 (0)	MILKE MI		19512 M	JUNI	1 The	well-	MI			
	23a B	URIAL, CREMATION, REMOVAL	23b DATE 2	NAME OF CE	EMETERY OR CREMATOR		TION					
	,	Burial	Mar. 5. 1986 Mc	aruland	Votorans Co			nne Arun	del. Md.			

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Francis J. Collins ADDRESS.

500 University Blvd. W. Silver Spring. Md.

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

MAR 1 0 1986 Julie Neviden Bandose

4 4 5 7 1212.0 Programme Livery

						OF MARYLANI				-3	11/4
0.0	0000	7 1	FOR STATE		DEPARTMENT OF HE	ALTH AND ME	NTAL HYGIEN	E 0 () 9	2 3	6
00-	00997		REGISTRAR	ME	DICAL EXAMINE	'S CERTIFIC	ATE OF DEX	TH REG. NO	0.		
			ECEASED NAME FRST		MIDDLE	LAST		20. DATE KNOWN 5	HINOM	DAY YEAR	Zb. HOUR
	111	1	YPE OR PRINT)	SCOTT	Α.		MEDRANO	OF ESTI.	3-18-8	36	
	ELES AS							DEATH MAILD L		DAY YEAR	M
	STEE ST.	3.5		3 DATE OF BIRTH	6. AGE (IN YEARS YEAR LAST BIRTHDAY)	IF UNDER 1 YR. I	HOURS MIN	PRONOUNCED	MOINT	DAT TEAR	26 HOUR
	×2555×		MALE WHITE	FEB. 8.	1986 - YRS.	38		DEAD	3-18-9	26 19	8:40A
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W PRESTON STREET,	70	BIRTHPLACE ISTATE OR	76. CITIZEN OF W	HAT COUNTRYS		7	9. BALTIMORE CITY C			
	品高品	4	FOREIGN COUNTRY)	110	A 1	MARRIED NEVI	/	Manhaamara	- Count	- * *	
	Z D w	4	MARYLAND CITY OR TOWN OF DEATH	4.3./		IDOWED [DIVORCED'	Montgomery JAL OCCUPATION (TYP		and the same of th	MD.
	S H R B B B	10.	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HOME, C			MOST OF WORKING (IFE)	E OF WORK	OR INDUST	SINESS
	ALA FIZ	-	akoma Park	24 Mano	or Circle Apt	. G-6				-	
-/	EATH, IF ANY DELAY IS NE ES 1, 2, AND 3 TO THE FUL A PM 3, RETAIN PAGE 5 I AND 2 SHOULD BE FILED, F WLALRECORDS, 201 W.	US	JAL RESIDENCE (IF IN NURSING HOME							20	912
21201	22500	130	STATE 1136, COUN	TGULLLY	13c. CITY OR TOWN	13d INSIDE CIT		EET ADDRESS	1.001		1
	SHOW THE	4		(GULLLY	70KUMA PAR	YES 🗌	NO D	4 MANUR	CIRCL	E	
W.	FISS OF	214	FATHER'S NAME	MIDDLE	LAST	FIR		WIDDLE		LAST	
ar m	ES P ES		JULIO	MIDDLE R	MEDRANO	GA.	PACE		CHAVE	52	
9	NO N	160	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECURITY N			ADDRESS			
BALTIMORE, MD.	F 7 9 8		(YES, NO. OR UNKNOWN) (IF YES, GIV	WAR OR DATES)		J11110	Y GRACE	MEDRANO	1-241	MANUR (JIRCLF.
*	JURS AFTER DEATH. 18 GIVE PAGES 1, 2, 5 WITH FORM PM 3, MIT. PAGES 1 AND 2 SE, DIVISION OF WITH	-	NU			ODLIC	1 4244	111212/12/10	7	APPROXIMATE	
12	HOURS M 18. G NG WIT RMIT. P.		PART I DEATH WAS CAUSE			2 11				BETWEEN ONSET	
Z	N 24 HOL N ITEM 18 ALONG VIT PERMIT Y'GIENE,			TE CAUSE (a)	Sudden infant	death sy	ynarone				
OTS	A A A A A A A A A A A A A A A A A A A			DUE TO, OR	AS A CONSEQUENCE OF				100		
W.	EN SE		Canditians, if any, which						171.50		
>	UTED WITHI IN PENCIL EXAMINER RIAL - TRANS D MENTAL H ON, OR REA		gave rise to immediate cause (a) stating the under		AS A CONSEQUENCE OF						
>	SAN TANK		lying cause last.	DOE 10, OK	AS A CONSEQUENCE OF						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,				(c)							-
0	A S B S S S S S S S S S S S S S S S S S		PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	RUT NOT RELATED TO THE TERMINAL	OISEASE OR CONDITION	GIVEN IN PART 1 (a)		14-1-		
8	P BE EXECTED BE EXECTED BE EXECTED BY AS A BUT CALTH AN CREWAT	2									
ac ac	HIEF MEL USED AS OF HEALI RIAL, CRI		19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERAT	ON WAS PERFORM	AED?			20 AUTOPSY?	
Z	A PLEASE	1 2								wee 1071	
>	WORD "PEN WORD "PEN HE CHIEF MA D BE USED A ENT OF HEA BURIAL, C	NOTA STREET	210 EXTERNAL CAUSE WAS	21b. TIME O	INTRIDA	at Howelling	0.00110000			YES 🔀	NO 🗌
9	THE WOLLD BY TO BE				MONTH DAY YEAR	ZIC HOW INJURY C	OCCURRED (ENTER N	NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
N O	SECOSES.) 3	CONTRIBUTING CAUSE OF	DEATH P.M	. 19						
ISI.	CERTIFING TO DED TO DED TO DEPAR) INTERPRETATION	21d INJURY OCCURRED	21e PLACE		III LOCATION			100 30		
No	WRIT WRIT ARDI AGE	1 2	WHILE NOT WHILE AT WORK	STREET, PAC	TORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNT	Υ	STATE
	E SEEN		AT WORK AT WORK								
	AINER: SE FOR CTOR: H THE S		22a I certify that I taak char	ge of the remains de	scribed abave, held an	Autopsy X.	Inspection,	Inquiry, ar	nd in my apini	an	
	エ ロードサダ		death resulted from: Nate	ral causes XX	Accident . Suicid	e , Hamicie	de Undete	ermined manner			
110 mm	A B B B B B B B B B B B B B B B B B B B		1	· N		TITLE (SP					
	A SOSON		ACTUAL A	MotolA	0 4 2. N		istant		DATE 3	3-18-86	
	SEKSEW.	-	SIGNATURE	din a n	R HUW	M.DA33	MED	ICAL EXAMINER	SIGNED.		-
	SEANOS.	1	EXAMINER'S NAME	4				011			
	A CHE	-		argarita I	Korell, M.D	ADDRESS	111 Penr	Street			
	TO MEDICAL EXAMA EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	230	BURIAL, CREMATION, REMOYAL	23b. DATE	23c. NAME OF CEME	ERY OR CREMATO	RY 23d LO	CATION	COLUMBA	1 "	ATE /
07/84	BP.		CPENATION	MARK 19.19	8 Baltimore	askenste C	Semilares	Rowal	P	9	nd
25M		24	FUNERAL DIRECTOR	,	11000	0 12	SE DATE RECEBY	HEGISTRAR 256 REG	ISTRAP'S SIG	NATURE	
	DHMH - 17	_	NAME F. 111	ADDRESS	2010 111	11/1	MAR 2	0.1988	alleris	e fishis	
	(VR A15 ME (5))	1	KING MANUEL STONE	X.J. Malazz	my cause ser	NUNC	TAININ &	0 1300 0			

. R. F - 9.0 85 - 781 N 232 A-100 STAD Sk42/26-8 4.3.4 M3 ENTERNISH THERE BACK 34 MARKE CHECK SAPER JULY MERENY BOTHS CHAVEL Juston Strage medicant sy make til bar Comment over 11 18 Cottany present to Bentley August Then Employed White White Market De - Sid 30 miles " Series - Com.



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

,	REGISTRAR			CERTIFIC	ICATE OF BEATTI	REG. NO	٥.					
1. DEC	EASED NAME FIRST	•	MIDDLE	E.	AST	20. DATE OF DEATH	20. DATE OF DEATH MONTH DAY YEAR 25 HOUR					
(TYPE	ORPRINT) ILRHO		e. ,	mpei	Kangas	NO VENDER	3	17	86	154 Au		
1.5E)		4 RACE		5. DATE O		6. AGE TIN YEARS LAST BIRT	(HDAY)	IF UND	ERIYEAR	IF UNDER 24 HRS		
9 575	The state of Sales	DITIONES.		MONTH		H	2	MONTHS	DAYS	HOURS MIN.		
	MALE	WHITE		6	7 07	1/3	YRS					
	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF D	EATH			
FT	NIAND	USA		WIDOWE		MONTGOMERY						
10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION	120. USUAL OCCUPATION			KIND O DUSTRY	F BUSINESS OR		
TA	KOMA PARK		GTON ADVE		HOSPITAL	MEDICAL DO			ITIT	ARY		
USUA	I RESIDENCE (IF NUIT HE WE'C	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			110		ILLI.	7447		
	TATE	-	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS						
	RYLAND I P.	G.	LHYATTSVI	LLE	YES NO	17112 BRIDE	t PA	IHI	ANE	20782		
4 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA.	WE			LAS	1		
	WILLIAM	ME	RIKANGAS		ELIN		all.		LEIV	10		
	AS DECEASED EVER IN U.S. A		166 SOCIAL SECUP	RITY NO.	17 INFORMANT	ADDRE	SS					
1 (V		-1960	230-50-8	502	ISABEL T. N	MERI KANGAS	9/	A 1	13			
	8 CAUSE OF DEATH (Enter				110.000	TOTAL PARTIES			APPROXI	MATE INTERVAL ONSET AND DEATH		
	DADTI DEATH WALKE CALLS		- Contraction	STATE OF BEATT								
	IMMEDIA	ATE CAUSE (o)	ARDIO-	000	CUPO PORTY TO	KREST.						
	ALC: STATE OF STATE O	DUE TO, O	R AS A CONSEQUE		SCULAR DE							
	Conditions, il ony, which	-	32									
	gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF											
	underlying couse lost		12-									
	underlying couse lost (c) High Grade Conduction discar & tuelscant PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0											
No.	Multiple	· Muje	lover 2	ith	Remal Fail	me						
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?				NGS USED		
35						YEST NOW		IFYING	CAUSES	OF DEATH?		
ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME C	AE INTITION		21c. HOW INJURY OCCUR				0.000.00	NO []		
11572	OR CONTRIBUTING CAUSE OF D	110110 4		Y YEAR	ZIC TIOW INJOKT OCCOR	KED (ENTER NATUREOF INTO	(A IM HEW IR	PARITO	KPARI 2]			
S	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.	M	19		College College	1	-				
WEDICAL	21d. INJURY OCCURRED	21e PLACE		Day Edic 1	211 LOCATION STREET	CITY OR TO	WN	C	OUNTY	STATE		
2	AT HOME STREET, FACTORY OFFICE FARM ETC.) STREET CITY OR TOWN											
	22a.1 certify that (I) (this has	oital) attended th	e_deceosed from	3-	3 1986	10 March	17	. 19	86	that (I) (we) lost		
	sow the deceased alive on 3 19 54, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death											
	27b SIGNATURE	ot) view the body	after death		DEGREE			2	2c DATE	SIGNED		
	Ann	trates	un		ATTENDING	MEDICAL STAT			3/1	7/86		
	22d PHYSICIAN'S NAME (TYPE	A PORTO			PHYSICIAN 1	DIRECTOR PHYSIC	IAN	160	44	1100		
	0.4.	A O W	42		C. J.	UNIVERTITY	Line	hw	41 35			
	ANANTH	N	N		SILVER YOU	my Many	Turn	1 21	090	5.		

DHMH - 16 60M 7/84 (VRA 15, 4)

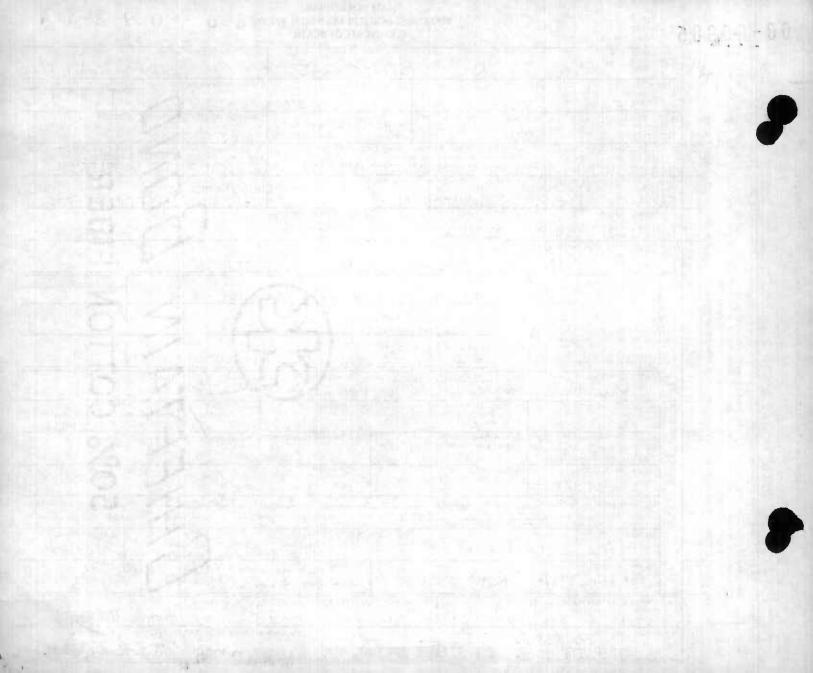
230. BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

ARLINGTON NATIONAL ARLINGTON VIRGINIA STATE

BURIAL MARCH 20, 1986 ARLINGTON N.

AMERICAN STREET STREET



STATE OF MARYLAND

ntermitor. in , day to the last Total Continue C. South 1, 1985 13: 17

For all to C. Sara A. South 1, 1985 13: 17

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Berg, Al Horsett

Cremation 3-10-90 Vetropolitan freetony alexaminia, slexandria, la

w. Gamen's Jone W. M. D. Mynthaville, Mayaland,

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00 0	1220		REGISTRAR		M	EDICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	F DEAT	H REG	NO.			
00-0	1660		CEASED NAME	FIRST		WIDDLE	E I I		LAST		2 a	DATE KNOWN	MONTH		YEAR	h HOUR
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	S T S		nalo	1 -1	MONTH DA	YEAR	LAST BIRTHDA	Y) MONTH		HOURS		ONOUNCED	-3	519	861	700
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	ON STATE	Was	shington	n. D. C.	U.S.A	١.	44.00	WIDOW	ED 🗆	DIVORCE	ED 🗆	mo	NTa	on.	627	MD.
	SHA BY	10. C	TY OR TOWN	OF DEATH	11. NAME OF H		IRSING HOME	OR OTH	ER INSTITUT	TION		LOCCUPATION			D OF BUS	
	PAGE FILE	Par	that de		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ST OF WORKING LIFE		JYL.	INDUSTRY	
	DE 3 TO	USU		(IF IN NURSING HOME C		GIVE RESIDENCE	E BEFORE ADMISSIC				Bldg		unds	Cath	olic	uncu
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N N	E-SZE	14. F	ATHER'S NAME FIRST		MIDDLE		LAST ,		15. MOTHE	R'S MAIDE	NNAME	WIDDLE		LA	\ST	
mi mi	ANG TO		Arthur		C.	Meush	aw. Sr.		(Grace		М.		Wand	onPII	
MO	ENGRE I	16a. \	VAS DECEASEI	EVER IN U.S. AR	MED FORCES?	166 SO	CIAL SECURITY	NO.	17 INFORM	MANT		ADDE	ESS		- Lug	
W. PRESTON ST., BALTIMORE, MD.	E F BB	y		(# 123, 6142	WAN ON DATEST	217	-34-208	8	Glade	ILA F	Mous	haw wif	o Sax	no as	13	
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DIVISION OF VITAL RECORDS, 201	ON SERVICE		- Jung cas	30 10 31.	(c)					100						3. V
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IAL	Z . W.Z 4	문			Charles of											
>	200 A F 3 T	- 5	210 EXTERNA	L CAUSE WAS	21h TIME	OF INJURY		121c HC	DW/ INTITION	OCCUPACI	D (ENITED NA	TURE OF INJURY IN ITE	4 TO DARY 1 004		S .	NO []
ō	IIS CERTIFICATE SHO WRITING THE WORD ARDED TO THE CHI GE 3 SHOULD BE US TE DEPARTMENT OF 201 PRÍOR TO BURL	2	UNDERLYING	OR	HOUR A	M. MONTH	DAY YEAR		JAN KANOKI	OCCORRE	D (ENIEKINA	TORE OF INJORY IN THE	MISPARIIORI	*ART 2)		
ō	FE CORE	1 5		NG CAUSE OF E		.M.	19									
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	AND THE AND											Inquiry L.	and in my	apinian		
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	OF AND S		EXAMINER'S	NAME -			h			000	Da 1	132 10	-		Nima.	
	TO MED EXECUTE PAGE 4 TO FUN AFTER D BALTIMO		TYPE OR PRI		0707	10	rul.	2.	ADDRESS_	0 -	60	@ (36	ONSI	N	225	
	522549	23a.B	URIAL, CREMA	TION, REMOVAL 2	36 DATE	23c.	NAME OF CEN	ETERY O	RCREMATO	ORY	23d. LOC.	ATION	co	UNTY	STAT	
07/84	BP	BI	mial	A	Mar. 24, 19	286 AM	Pinatan	Nat	innal		1	inaton	Vina		0.41	
25M	DHMH - 17	24. F	UNERAL DIREC	TOR Franci	A T. Cal	Pins	Th		-	250. DATE R	EC'D. BY R			SIGNATU	RE	
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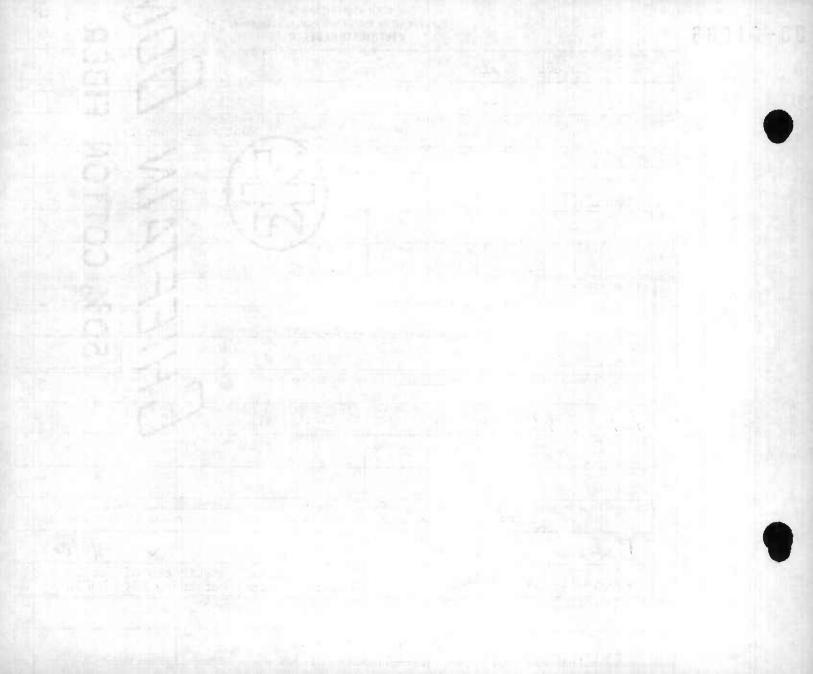
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE SA - STATE CERTIFICATE OF DEATH REG. NO 26 DATE OF DEATH MONTH I. DECEASED NAME LIVEE OR PRINTS B. Mohler March 29, 1986 Mary 10:09 pm 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 3 SEX HOURS Female. Caucasian October 21 1902 78 BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Indiana United States Montgomery County Maryland MD. WIDOWEDIX DIVORCED T 10 CITY OR TOWN OF DEATH INDUSTRY Shady Grove Adventist Hospital Rockville Teacher Education USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 4613 Chevy MY COUNTY 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? Chase Blvd. / 20815 Maryland Montgomery Chevy Chase NO X 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Callahan Edward Burton Emma Elizabeth B. ADMorley 32 West End Ave IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 229-46-5952 Westwood New Jersey 07675 No APPROXIMATE INTERVAT BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and ic PART I. DEATH WAS CAUSED BY Tuocardic IMMEDIATE CAUSE (a) A CONSEQUENCE OF Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES WERE FINDINGS USED 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOXX YES T NO [216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE 22a I certify that (1) this hospital) attended the deceased from (my) (our) opinion death occurred on the date and hour and from the causes stated and that is DEGREE 22¢ DATE SIGNED STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS d b PORT 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL April 2,1986 Edgewood Cemetery Virginia Burial Grotters 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes PA 250. DATE REC'D. BY REGISTRAR 250. REGIS DHMH - 16 50M 4/83 7557 Wisconsin Avenue Bethesda, Maryland 20814 (VRA 15, 4)

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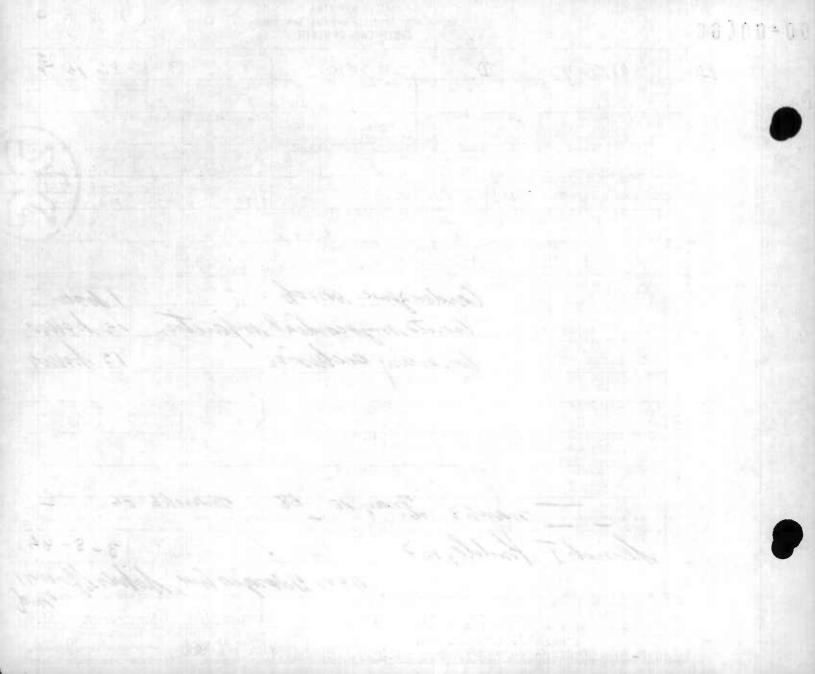
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 6 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINT) 11.30 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DEC. 9, 1892 FEMALE WHITE 70. BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED AUSTRIA U.S.A. WIDOWED ONT GOMERY DIVORCED [1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ROCKVILLE HEBREW HOME OF GREATER WASH HOMEMAKER OWN HOME USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION, 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MARYLAND MONTGOMER ROCKVILLE 6121 NOX MONTROSE 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST MIDDLE DAVID EBNER ADELE UNKNOWN 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMA (DAUGHTER) E. MEADOW, NY IYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST 25-26-9430 PHYLLIS GERCHUN, 801 VAN BUREN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) EROTIC HEART DISEASE Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11d CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF IN)URY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC) STREET CITY OF TOWN STATE NOT WHILE 22a.1 certify that (1) (this hospital) extended the deceased from saw the deceased alive an and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PR 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION I SPECIFY! CITY OR TOWN WELLWOOD CEMETERY PINELAWN, SUFFOLK 24 FUNERAL DIRECTOR I. J. MORRIS', INC. BY REGISTRAR 256 REGISTRAR'S SIGNATURE I DHMH - 16 60M 7/B4 GREENWICH ST, HEMPSTEAD, NY (VRA 15, 4)

00-01066	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 0	9 2 4 5
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26. HOUR
oy be death	Robert	Fine	Moore	March 9,	, 1986 7:29 A
moy moy	3. SEX	4. RACE	5. DATE OF BIRTH	T.M.	IF UNDER 1 YEAR IF UNDER 24 HRS
rs of o	Male	White	February 11,1925	61 YRS	
Pod Pod 18	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
nero nero	Ohio.	USA	WIDOWED DIVORCED	Montgomery Count	MD.
2 24 20/	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
to to the second	Bethesda	NIH, The Clini	cal Center	President	Printing firm
212	USUAL RESIDENCE HE NURSING HOME COLORS	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION) OWN 113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	ackers
ND 24	ennsylvania	Dallas	YES NO	Box 306, Old Lal	ce Rd. 18612
YLA thun thun 2 sh	14. FATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
MAR ond	John	R. Moor	e Grace	WIDDIE	Fine
E. J. Cop. 1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		ADDRESS	11110
WO See		W.W.II 199-14-	-5934 Mrs. Marie M	Moore, wife same	
ALTI		anly one cause per line for (a), (b),		bole, wile same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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STO eoth e co on, o	Canditions, if any, which	DUE TO, OR AS A CONSEC	hageal Carcinoma		
PRE de de de montro	gove rise to immediate cause (a), stating the				
W of the server of the street of the server	underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF		
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aguire sign hen to b		CO. 10. 10. 10. CO. 11. 10. 1			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the deoth certificate be executed within 24 hours then this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should beekly the and Mental Hygiene prior to burial, cremation, or removed. The control of the property of the property of the medical examination or ked or them.	190 DATE OF OPERATION 3/2 2/27/86,2/28/8 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		, WERE FINDINGS USED
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TENE to OR.	saw the deceased alive a	March 9		death occurred on the date and hour	
AT AT OSS POSS POSS POSS POSS POSS POSS POSS	obove, (K(we) (did) (did) 22b. SIGNATURE	view the body after death.	DECREE		22c. DATE SIGNED
OR he	Rochas	A Ward	MI ATTENDING	MEDICAL STAFF	2/9/86
ERAL ERAL Storte	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN [DIRECTOR PHYSICIAN	6 11 1 41-
HOSPI FUNE FUNE Sould be PORTA	BARBARA	A. WARD	Natio	onal Institutes o ter, Bethesda, Md	
Of Day					. 20092
000000	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b DATE 23	NAME OF CEMETERY OF CREMATORY BUTIAL	23d LOCATION CITY OR TOWN	COUNTY
77 BP/77		3/12/1900 F	ern knott Park.	Dallas Twp. TE REC'D. BY REGISTRAR 256 REGISTR	Luzerne PA
DHMH - 16 60M 7784	24. FUNERAL DIRECTOR	67.2 ORES	Memorial Hwv.	1 1000	KAK 5 SIGNATURE
(VRA-15, 4)	Richard H. Dis	sque II, Da	llas, PA	T ISON SHI ENGRAND	explinable c



00-	0046	6	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 3 5	0 9	2 4	Ó
.c.	poge 3	0	DECEASED NAME (TYPE OR PRINT) MQ:	FIRST 4. RACE	D.	NI S DATE O	ORRIS	20 DATE OF DEATH	3-8-8	6/1	P, M
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AL RECO	ton. the best been if permit liene prior	7	190. DATE OF OPERAT	ION 19b	CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CALL YES	INDINGS US USES OF DEA NO	ATH?
DIVISION OF VITAL	ng physic certificate irrol-trons entol Hyg frem 18 sf	9	OR CONTRIBUTING C	AUSE OF DEATH HO	P.M.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM TS PART I OR PAR	1 2)	
(VISIO)	ortendar ter this is the bu		WHILE NOT WHILE AT WORK	LE [AT	PLACE OF INJURY HOME STREET FACTORY OFFI	CE FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNT	٧	STATE
AHENDIN	hospital or RECTOR Affect to the office of Health pt. of Health		22a certify that (1) (sow the decease obove, (1) (di	0	nded the decrosed fro	, 01		deoth occurred on the d	ote and hour and from	100110	(we) last stated
PITAL	RAL DII detoch tate De		22d PHYSICIAN'S NA	ME (TYPE OR PRINT)	modele, 1	(as.)	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	FF 120 D	ATE SIGNED	86
TO HOSP	TO FUNE should be with the Si	4	130 BURIAL, CREMATION, R		DATE IN	2. NAME OF	9881 90	123d LOCATION	Sime.	0.66	mer)
	BP		Burial		rch 13, 198		emetery or crematory uklawn	Rockvill			Md.
DH	MH - 16 60M 7/ (VRA 15, 4)	B4	FUNERAL DIRECTOR F		. Collins Silve			MAR 1 7 198	1. 1		ndess



5	12		1 -	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE & &	0 9	2 4 8
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fugeral directo	1	2	F	THPLACE ISTATE OR FOREIGN OUNTRY) Pennsylvania Y OR TOWN OF DEATH	76 CITIZEN OF WHAT	MARRIEI WIDOWE	DIVORCED [9 BALTIMORE CITY OR	mer	MD.
by the	K	8	51	Spring,	Hall	ESIDENCE BEFORE ADMISSION	OSP	Salesman		Bread Bakery
filled in	185	5	130.5	Maryland Prin		ITY OR TOWN	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / 1313 Ray Ro		20782
ond 2 s	and and	34	4 FA	THER'S NAME FIRST John	MIDOLE	Moses	15 MOTHER'S MAIDEN NAM FIRST Yasmin	WIDDIE	1	Ramady
Poges 1	medica	2		AS DECEASED EVER IN U.S. AF (IF YES, GIT YES)	VE WAR OR DATES	-03-6068	Marie B. Mose	ADDRES s-wife-(same		e)
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IMPORTANT. 22d PHYSICIAN'S NAME (TYPE OR PRINTED Edgar Levin, MD

Burial

8630 Fenton Street, Silver Spring, Md.

ATTENDING AAEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23a. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY)

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

nu.

Gate Of Heaven

23d. LOCATION CITY OR TOWN

22c. DATE SIGNED

Md.

24 FUNERAL DIRECTOR

226. SIGNATURE

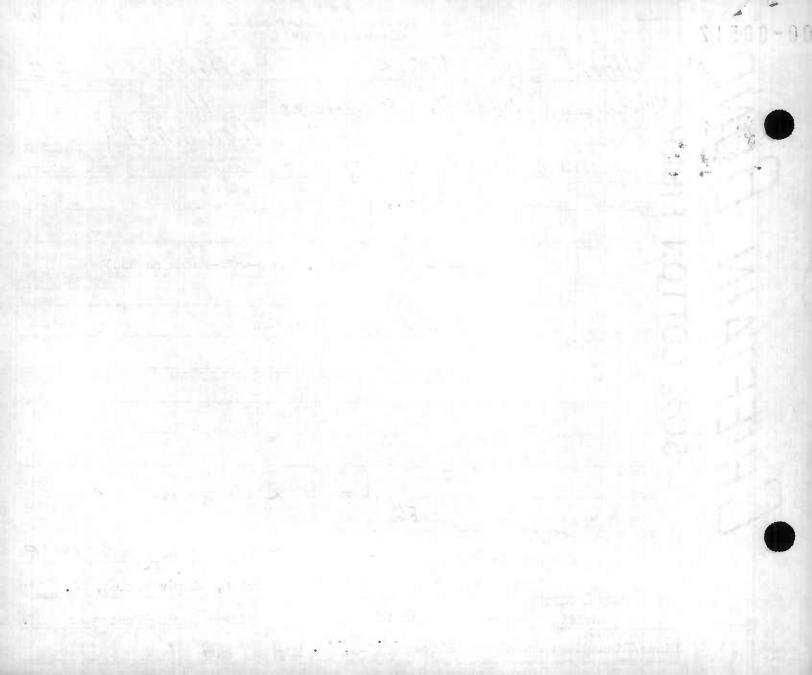
11800 N.H. Ave. Md. Silver Spring, Md. Hines/Rinaldi Funeral Home

3-18-1986

Silver Spring Montgomery 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



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J U -	001/3		REGISTRAR	FIRST		MEDICAL	EXAMIN	ER'S C	ERTIFIC	CATEC	OF DEA	TH	REG. NO.	MONTH	DAY	YEAR	21- HOUD	
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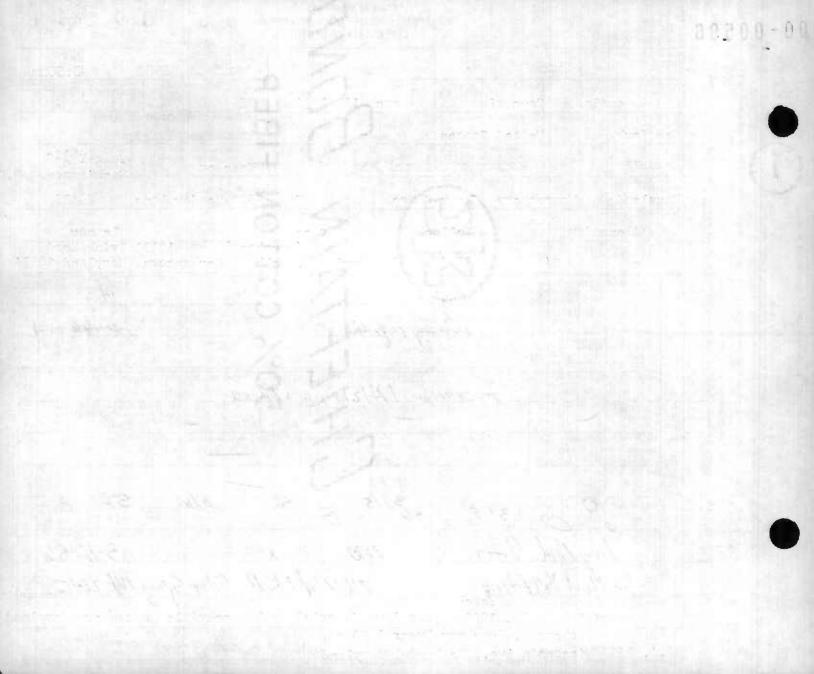
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de B. P.			U-S A	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		DEATH .	MD.
201	7	Takoma PK	NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	REET ADDRESS)	HOSP .	120 USUAL OCCUPATH	I NC	2b. KIND OF BI NDUSTRY	USINESS OR
LAND 21:	WA	AL RESIDENCE (IF NURSING FOME OR OTHE STATE TOWNS COUNTY ASHTNGTON D. C. STHER'S NAME	ER INSTITUTION, GIVE RESIDENCE BE		13d. INSIDE CITY LIMITS? YES NO S	130 STREET ADDRESS /		N.E.	20017
, MARYLAND and within 24 completely filler cond 2 should be add the filler may be add th	Ŧ	FIRST MIDD	NORTON		CLARA	UNKNOU		UNKNOW	1N
BALTIMORE cote be executory sicion and copers. Pages wal. tt, the medicol		VAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WA			JUNE SHEEHAN	ADDRE V S/A 13	SS		
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At RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WI IN CERTIFYING YES	ERE FINDINGS G CAUSES OF]	S USED DEATH?
NG PHYSICIAN: The low require ottending physician. After this certificate has been sign of the buriol-tronsit permit. Then the and Mental Hygiene prior to be acked or Item 18 shows any night.	MEDICAL CE	210, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	19	216 HOW INJURY OCCURR			OR PART 2)	CLANE
HOSPITAL OR ATTENDI ined by the hospital or FUNERAL DIRECTOR: A void be detoched for use th the State Dept. of Heal	W	obove, (1) (we) (did) (did not) vie	March 15 19 ew the body offer death. Lan Von	Ma 286, at	STREET 19.86 Id that in (my) (our) apinion of the control of the	THE DIRECTOR PHYSIC	te and hour on	86, thought of from the course of the state	GNED 86
999 BP 99	Bl	IRTAL 1	MARCH18, 1986	ARLIN		23d LOCATION CITY OR TOWN ARLINGT			STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		UNIVERSITY BLV	J. COLLINS		VG. MD. MAR	2 0 1986	256. REGISTRAR		26.

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P.A. 7557 Wisconsin Ave., Bethesda, Maryland

DHMH - 16 60M 7/84

(VRA 15, 4)



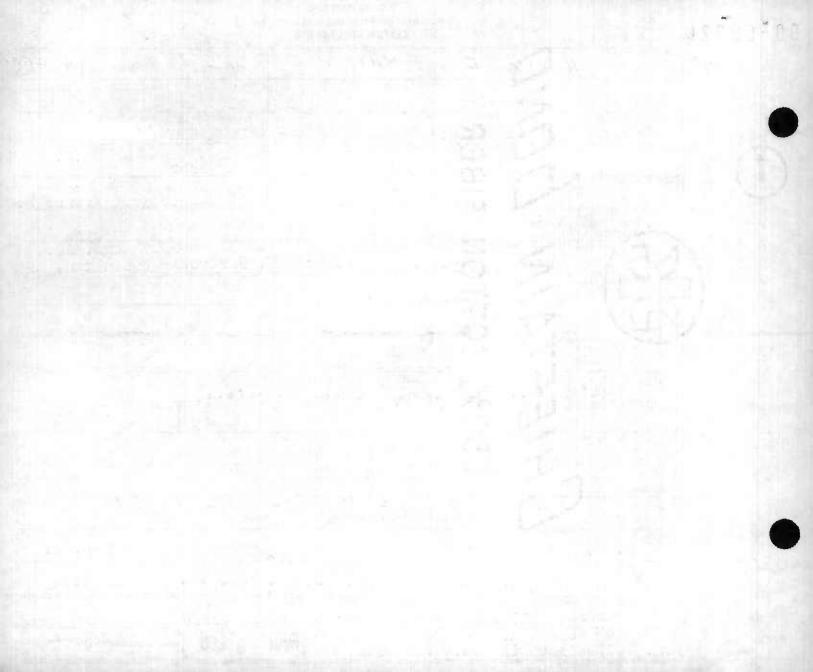
-00155	REGISTRAR 1. DECE ASED NAME				DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENT O	REG. NO.	9 2 3	
			FIRST		MIDDLE		AST	20 DATE OF	DEATH MONTH	DAY YEAR	26. HOUR
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ao, po	3. SE	Х		4 RACE		5. DATE (OF BIRTH	& AGE (IN YE	RS LAST BIRTHOAY)	IF UNDER 1 YEAR	1F UNDER 24 HRS
ge 4	F	'emale		Whit	е	Jai	18, 1963	83	YRS	IMONTHS DAYS	HOURS MIN.
Page Hour	7a. B	RTHPLACE STATE OF FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY	2 9	D NEVER MARRIED	9 BALTIMOR	E CITY OR COUN		
nera In 72	1	New York		U.S	. A.	WIDOWI		Beth	esda, Mon	tgomery	MI
s ofter d	10. C	Bethesda.	TH	11. NAME OF I	HOSPITAL, NURS	ING HOME (ET ADDRESS) Nursi	or other institution ng Home		CCUPATION FOR MOST OF WORKING Naker	LIFE) INDUSTRY	F BUSINESS OF
24 hour	130		13b COUN	other institution NTY	13c. CITY OR TO Bethes	WN	13d. INSIDE CITY LIMITS?	13e. STREET A 5215	poress Cedar Lan	ie 208	14
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d co		WAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17. INFORMANT	327	ADDRESS	5416 Alt	oia Rd.
Pag ex		YES, NO OR UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)	unavai	Lable :	aughter, Shar	ron M.	Raczynski	Bethes	sda, Md
he low requires that the dis- ion. I has been signed by the cut- in permit. Then please re- rene prior to burlot, crema- toms any injury, or other traum	CERTIFICATION	Conditions, if any, gave rise to imm couse (o), stoting underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERAT	lediate the last.	(c)CONDITIONS CO	Ovac	DEATHBUT	NOT RELATED TO THE TERM	JOO. AUTOR	Cron 20b. IF Y IN CER	SIVEN IN PART 110 L (ES, WERE FINDING THYING CAUSES YES YES	NGS USED
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or attendir	MEDICAL	21d. INJURY OCCURR WHILE AT WORK NOT WHI AT WORK		21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	211. LOCATION STREET	180	CITY OR TOWN	COUNTY	STATE
OR ATTENIOR he haspital DIRECTOR: ached far us Dept. of Hem 21 is a lift them 21 is		220. I certify that (I) saw the decease above, (I) (1) (1) 22b. SIGNATURE	d olive on	9 / 9	719.	86.0	nd that in (my) (aur) spinion of the property		on the date and he	9 0	
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BP		Burial		March 7	,1986	Holy S	epulchre Cem.	Roch	ester, Ne	w York	SIAIE
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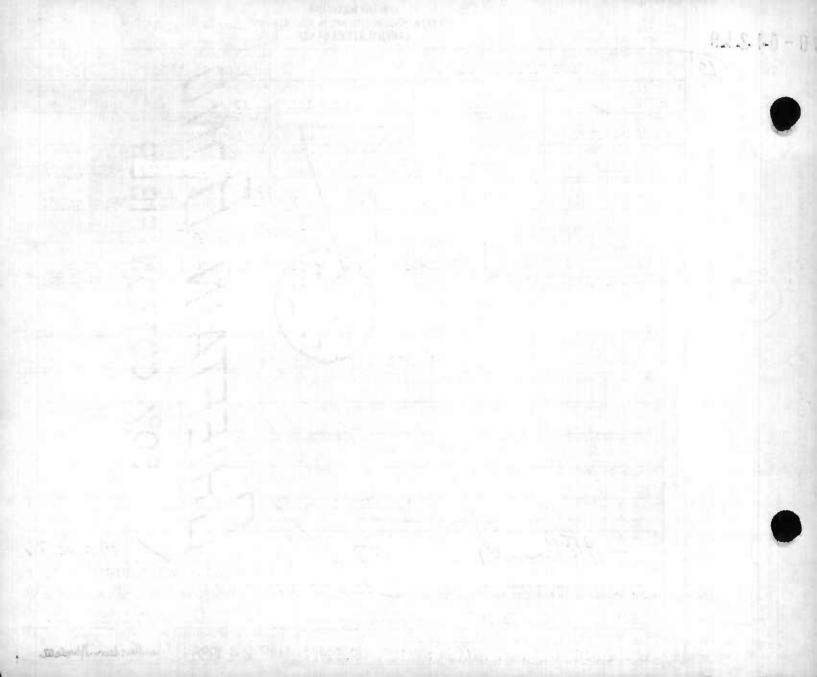
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7	om 1	i i	3. SE		4. RACE		S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER		FUNDER 24 HRS		
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	R ATTENDIA hospitol or RECTOR, A	of Healt of Healt 21 is ma		220.1 certify that (1) (this has saw the deceased alive abave, (1) (we) (did) (did				UARY 18, 19 <u>86</u> and that in (my) (aur) opinian (, tha	uses stated		
	0 0 0	detached ate Dept II: If Hem		27b. SIGNATURE	human	3	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	FF /	DATE SIC	AR 86		
	HOSPITAL oined by the	with the State IMPORTANT:		J.H. EDMUNDS		MC. USN		NATIONAL CAP	L HOSPITAL, NA					
	10 reto	4 3 X		URIAL, CREMATION, REMOVA		23c N		EMETERY OR CREMATORY	23d. LOCATION		444			
	BP	300		BURIAL	03/22/	86 PA	RKLAU	UN CEMETERY	ROCKVILLE	MONTGON	TERY	MD .		
	DHMH - 16	60M 7/84				LLINS JR.		250 DAT	E REC'D. BY REGISTRAR	W		_		
	(VRA					24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. 500 UNIVERSITY BLVD. W. SILVER SPRING, MD. 20901 MAR 24 1986 Julia								



070051	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF I	E OF MARYLAND LEALTH AND MENTAL LICATE OF DEATH	HYGIENE 6	· O	0	9 2	5 6		
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR FRANCIS H. BARBER

LAYTONSVILLE, MD. 20879

CREMATORY LAUREL P GEORGE
250 DATE REC D. BY REGISTRAR 25 REGISTRAR S SIGN.

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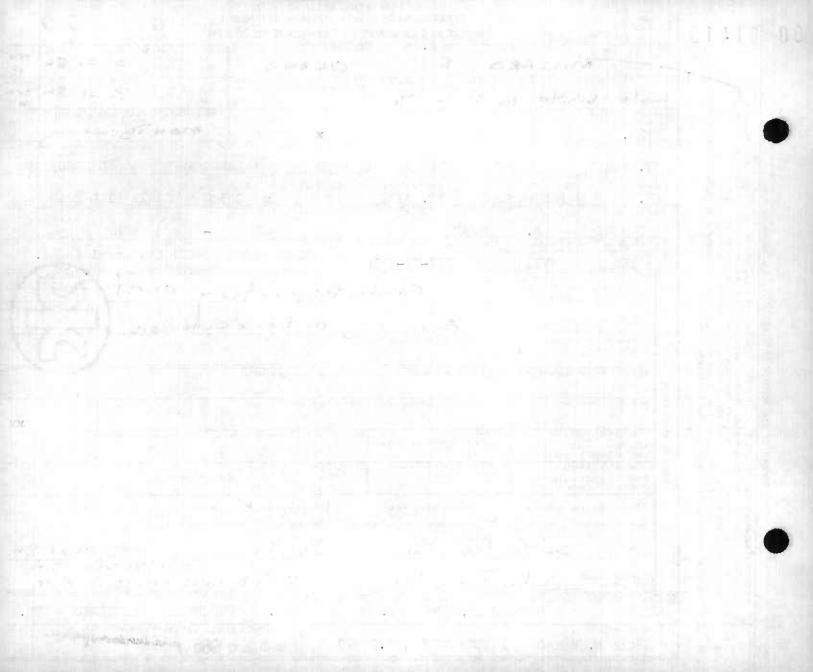
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Arial 3 10/ 86 th. Oliver Company of Frederick Pred

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i 90		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
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Aygien	GR	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES NO
intol mitol	SAL	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
the bund we	MEDICAL	214 INJURY OCCURRED	218 PLACE OF INJURY	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
os th ith or orke	1	AT WORK NOT WHILE AT WORK		11/2/	7/12	
Heo Rs H		220.1 certify that (1) (this has saw the deceased alive a	attended the deceased from	2/0 / 3 19 10	death occurred on the date and	, 19 , that (I) (we) lost
RECTO			at) view the body after death.	DE GREE	death occurred on the date and	22c DATE SIGNED
T T T		Y P	ing		MEDICAL STAFF DIRECTOR PHYSICIAN	3/14/0
FUNERAL DISTRIBUTE ORTANT		THE PHYSICIAM'S NAME THE	OR FESHIOL	22e ADDRESS	DIRECTOR PHYSICIAN	1 2695
should be de with the Stat		1tilin	Affah 2 Ini	sow Ed1	mostin 1/2 7	Ochriele bid
F # 3 \$	23a.	BURIAL, CREMATION, REMOVA	L CIBB DATE 23c	NAME OF CEMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY STATE
		CREMATION	MARCH 15, 1986	CHAMBERS CREMATO	MY BIVERDACE.	PG. CO. MARYLAN
16 50M 4/83		UNERAL DIRECTOR NAME HAMBERS FUNERA	ADDRESS	Soung MD.	AR 2 1 1986 PAR REC	PETRYBRANDEN TINE LA COMPANIENTE
RA 15, 4)	101	THINGERS FUNERUA	L HOME SIWER	JORING MID.	1	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO (TYPE OR PRINT) ESTI-David Gordon Osborn DEATH MATED 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED July 24, 1923 Caucasian 62 yes DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED New Mexico United States Montgomery County, DIVORCED IN CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS Marketustry Bethesda 9821 Fernwood Road Marketing Planner Research USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY 13c CITY OR TOWN Marvland Montgomery NO IX 9821 Fernwood Road / Bethesda 20817 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME LAST EIRST Osborn Blair Helen. Hope Edward 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) WWII 550-20-6517 Mrs. Liliane Osborn. Wife, Same as item Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a arteriosclevesis Canditions, if any, which Caro Ban gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) alcoholism 19g. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES -21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian Natural causes Hamicide _ Undetermined manner TITLE (SPECIFY DATE March 14086 SIGNATURE Wisconsin Avenue EXAMINER'S NAME John Tauber. M.D. Bethesda, Maryland 20814 230 BURIAL CREMATION, REMOVAL 216 DATE NATE SEC. BY TYPE OR PRINT A S S S S S 23d LOCATION Virginia Metropolitan Crematory Alexandria 07/84 25M 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes. 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** .A., 7557 Wisconsin Ave., Bethesda, Maryland (VR A15 ME (5))

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

03

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	REG. N	0 9	2 6	2
I DECEASED NAME	FIRST		WIDDIE	L	AST	20 DATE OF DEATH	MONTH DA	LY YEAR	2h HOUR
(TITE OK PKINI)	Clara	Syl	vester	Owens		Mar	ch 31,	1986	2:40p M
3 SEX	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	HOURS MIN.
Female		Caucas	lan	Sept	ember 2,1895	90	YRS		
70 BIRTHPLACE (STATE	OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
King George	Co. VA	. Uni	ted State			Montgo	mery		MD.
CITY OR TOWN OF	DEATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND OF INDUSTRY	BUSINESSOR
Silver Spi			Shaw Aven			Housewife		at ho	ome
USUAL RESIDENCE (#	NURSING HOME OR C		13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
Maryland	Montg	omery	Silver S	pring			Avenue	20904	
FATHER'S NAME Andrey	, Jõ	hn	Allen		15 MOTHER'S MAIDEN NA	Wallace		Jones	
Ilia WAS DECEASED E			166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDR			151.37
NO OR UNKNOWN	I) (IF YES, GIVE	WAR OR DATES)	578-05-9	878	Charles R. Ow	ens(Husband) Sam	e as 13	
18 CAUSE OF D PART I. DEAT	EATH (Enter only H WAS CAUSED IMMEDIATE	BY	line faira (b), and	sta	tic Colonee	tal Con	eer	BELWEEN OF	MATE INTERVAL NSET AND DEATH
	immediate lating the ause last.	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	NNAL DISEASE OR CON	IDITION GIVE	N IN PART 110	
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THE PHYSICIAN	S NAME THE CO	MANUEL			PHYSICIAN E	DIRECTOR PHYSI	LIAN	1 7	
Fred	Smith, M	D) EI	5401-Western	Ave., NW, Wa	shingt	on,DC	
230 BURIAL, CREMATI	ON, REMOVAL				CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
Burial		4-3-1	986 Fo	rt Li	ncoln Cemeter	y Colmar M	lanor, P	.G.Co.	Maryland
24 FUNERAL DIRECTO		200 1	ADDRE			E REC'D. BY REGISTRAF	256 REGISTR	AR'S SIGNAL	ME .
J.Wm.Lee's	Sons Co	300-4	th St., NE	, wash	. DOS CHOOK	1888 gulie	HORNEGOUS		A

DHMH - 16 50M 4/83 (VRA 15, 4)

March 31, 1986 2:40p Clara Sylvester Orens Fem.le Oucusin Settenber 2,186 co ; erro droil Ming George Co., V. United States Silver String 3-Shar Avenue Housevice at home Maryland Montromery Salver Spring x 3- Show venue 2000 inrev John illen and Joseph Joseph Vo cherles R. Ovens (Mushen) Same es 13 TO THE PROPERTY OF THE PROPERT

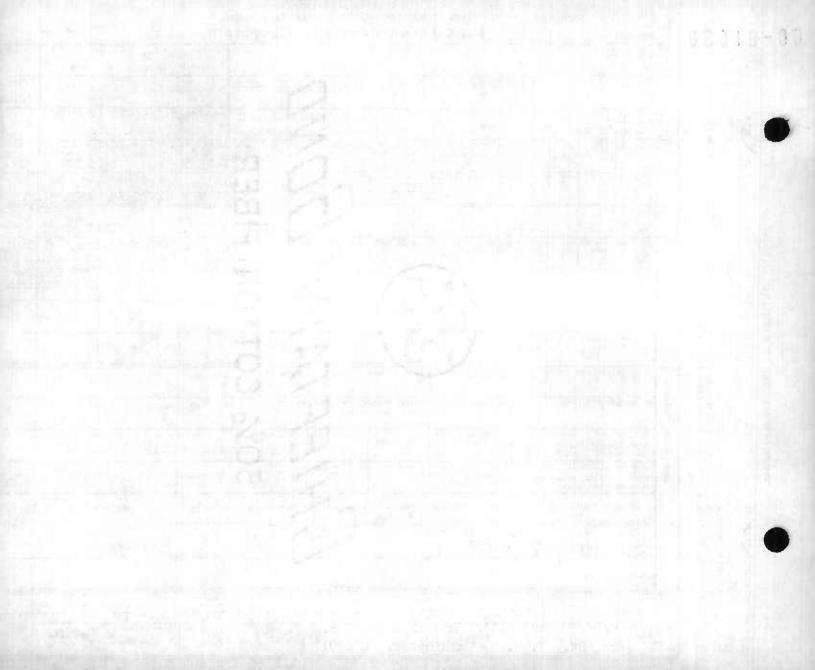
Fred rith, MD

5401- estern /ve., W., whin ton, DC

Buri 1 4-3-193 Fort Lincoln Cometery Colr w Manor, F.G.Co., Arrile

J. m. I ec's Sone Co.300-4th St., III, Esh., DO2002 141

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& G	M. 3.	14. F.	ATHER'S NAM LEROY	E	MIDDLE		LAST		F	ER'S MAIDEN N	IAME	WIDDIE		LAST		
ORE	TO SA SES													LIAMS		
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ST.	DE SER	7	PARTID	EATH WAS CAUSED	BY.	se per line for (a), (b), and (c).) Multiple injuries									T AND DEATH	
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07/02	BP/		Burial	CYOR Man	3-14-86	LI	NCOLN :	MEMOR	IAL P	ARK	SUITLA		PG	MAI	RYLAND	
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hat the death ce by the ottending ase remove carb	I, cremation, or r other troumotic		Canditions, if any, gave rise to imm cause (a), stating underlying cause	nediate g the	(b)_	DR AS A CONS	ardia	e deco	mper	neation			1	yea	ıt
requires to signed an signed. Then ple	injury, or	NOI	PART 2. OTHER SIGN	NFOV	1	ONTRIBUTING	- 11	T NOT RELATED TO		AL DISEASE OR CO					
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LTKO SG PHY offer this	h ond M	MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE 🗍		OF INJURY TREET, FACTORY, O	FFICE, FARM, ETC	21f. LOCATION STREET		CITYO	RTOWN	co	YINUC	\$1	TATE
ATTENDIT Spirtal or CTOR: A	of Healt		22a I certify that (I) saw the decease above, (I) (we) (d	d alive an	MAY	ch b.		and that in (my) (aur)	9 <u>85</u>) opinion deo	th accurred on the	e date and he	ur and f		that (I) (w causes sta	
TAL OR / y the ho RAL DIRE	ate Dept	Ň	22b. SIGNATURE	nne	Aa.	Port	wh.		NDING A	MEDICAL S DIRECTOR PHY	TAFF SICIAN [722	lare	110	1996
TO HOSPITA etoined by TO FUNERA should be de	MPORTANT		Denn	et et	A. F	orter.	JIMI	9301 (olesv	ille Rd	Silve	er Si	2 rily	0901	1.
BP	, ≤,	23a B	URIAL, CREMATION, I SPECIFY) BURTAL	REMOVAL		14,1986		OF HEAVEN	MATORY	SILVER	SPRING	MON	ŤGOM	ERY S	Mb.
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(VRA 15,		5	00 UNIVERS	ITY E	BLVD. WE	EST SIL	VER SPR	ING, MD.	MAF	2 0 198	8 guns	LANCOUP!	Stock-	louise	مت

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PBX Operator

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH DAY 76 HOUR TYPE OR PRINTS 1986 3:30 Parrish HATTLE LAVINA March 4 RACE MONTH HOURS MIN. 1899 WHITE 14 86 FEMALE TO BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Montgomery County WIDOWED DIVORCED T 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR INDUSTR'Telephone (TYPE OF WORK FOR MOST OF WORKING LIFE)

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Olney Montgomery General Hospital
USUAL RESIDENCE (IF NURSING HORE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1130 STATE 135 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS?

Ellicott City

17. INFORMANT

13e.STREET ADDRESS / ZIP CODE IS MOTHER'S MAIDEN NAME

Donna J. Kelly 915 Niagara Court

3224 Normandy Woods Dr. Melissa

21043 Greene

inswering Svc.

Linck IBI WAS DECEASED EVER IN U.S. ARMED FORCEST 146 SOCIAL SECURITY NO 214-24-9486 NO II. CAUSE OF DEATH Enter only one count per

Howard

Hattie

Conditions, if any, which gave rise to immediate course to storing the underlying cross last

PART I DEATH WAS CAUSED BY

FOR

- STATE

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING

HOUR A.M. MONTH DAY YEAR

200 AUTOPSY? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

OR CONTRIBUTION CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INTURY OCCURRED

PM 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.)

21f LOCATION

CITY OR TOWN COUNTY

and that in (my) apinion death accurred on the date and hour and from the causes stated

1/20186

22d THE S NAME (TYPE OR PRINT)

NATUR SULVED GOLD

23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY)

Burial 24 FUNERAL DIRECTOR

Baltimore Natl Cem.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Baltimore

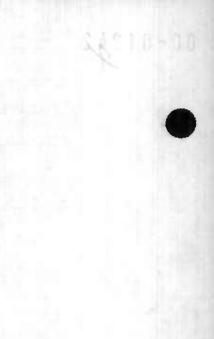
Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

ld b shoul strong

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

3/25/86



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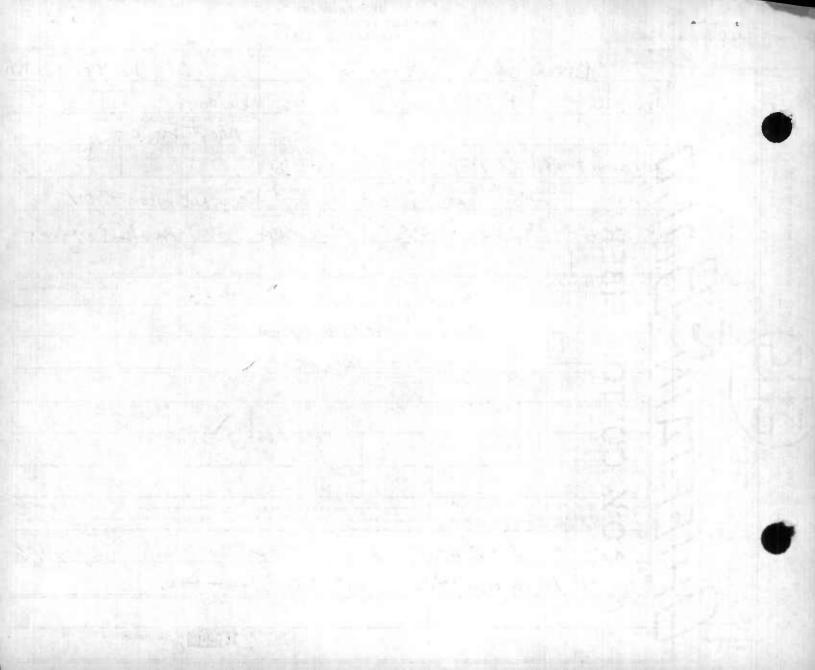
FUNERAL HOME

RAR 25h. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) DONALD DISTOSTEIN HEBREW MEMORIAL

32 CARROLL STREET N.W., WASHINGTON. D. C.

0-00864	1-	FOR STATE REGISTRAR	DEF	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYC CATE OF DEATH	GIENS O	0 9 2 6	1
noy be poge 3	(TYPE	CEASED NAME FIRST OR PRINT)	Gir	PAU	S	2	MONTH DAY YEAR 16-86 HDAY) IF UNDER 1 YEAR	4 20 Am
Page 4 m director. p	3. SE	emale	Black	S. DATE O	16 86	6. AGE (IN YEARS LAST BIRTH	YRS.	HOURS MIN.
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DHMH-16 30M 2/80 (VRA 15, 4)	24 FL	NERAL DIRECTOR	ADD	RESS	250. DA1	E PEC. A LIGITOR VAND	SE REGISTRAR SEIGNATI	URE



FOR

00-001-39 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR THRE OF PRINT rances 4 RACE AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Mantaamery 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GOV 1 Highway Sakety Speech Writer 13e.STREET ADDRESS / ZIP CODE 9111 St Androws Way Wooden ADDRESS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 0 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE 16 and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN Francis J. Collins of Jr. 1386 Metropolitan Crematory A BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) 500 University Blud W Silver Spring.

STATE OF MARYLAND

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(VRA 15, 4)	ELINE FUNERAL	. HOME REISTERST	DWN, MD. MA	IR 1 0 1986 March	indson-Randella.

BALTO. No. USA USA CONTEDNENT CO. P. PONTGOMERY DAMAGOUS 21749 SHOWBARN SIRCLE 3100 EDLAR ELINOR JA 216-34-0178 MRS. E.VEAN PEDLAR DAHASOUS, Ma. Acute Lean France of the State of State of marie to the Character of the Hard The same of the sa THE PROPERTY OF STREET STREET, SKIND TO THE THE PARTY OF THE P hatten I the man 14 ft harty all I william BURNEL LAR. 12, US ELSTERSTOWN ETHODIST ELSTERSTOWN, NO.

LEINE FUNERAL MONE MEISTERSTOWN, MD. ELSEN

STATE OF MARYLAND - STATE REGISTRAR REG. NO. DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-SEX IF LINDER 24 HRS DATE LAST BIRTHDAY MONTHS PRONOUNCE 7n RIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED New York City U.S.A. DIVORCED ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ecur Operator Bank 13a STATE 13h COUNTY 0 2 15. MOTHER'S MAIDEN NAME ANIDDI F John Margaret Curlev Mackey 17. INFORMANT 15035s Alabama Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO NO OR UNKNOWN) (IE YES GIVE WAR OR DATES) 113-05-3359 Mrs. Carol McDonald Woodbridge, VA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CALISE (O DUE TO, OR AS A CONSEQUENCE OF Conditions, il any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] DEPARTMENT 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (ATHOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE NOT WHILE COUNTY TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BALTIMORE, MARYLAND, 220. I certify that I taak charge at the remains described above, held an Inspection Inquiry and in my apinion Natural causes death resulted fram: Accident Hamicide Suicide Undetermined manner TITLE (SPECIFY) ACTUA SIGNOS NEW 10/9/2 MEDICAL EXAMINER EXECU PAGE S. Rogers Kensington, Maryland ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Mar. 12, 1986 Lincoln Cemetery Ft. Brentwood, Maryland 07/84 25M 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO Cunning ham-Mountcastle Fn. HM. **DHMH** - 17 gooduan Rd Noodbridge. (VR A1S ME (S))

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STATE OF MARYLAND									
DEPARTMENT OF HEALTH AND MENTAL HYGIEN									
CERTIFICATE OF DEATH									

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	(IF YES GIVE WAR OR DATES)				3357 DeLuna Drive
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DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR

Burial

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

Apr. 4,1986 Meth. Ch. Cemetery Glenn Dale P.G. Maryland

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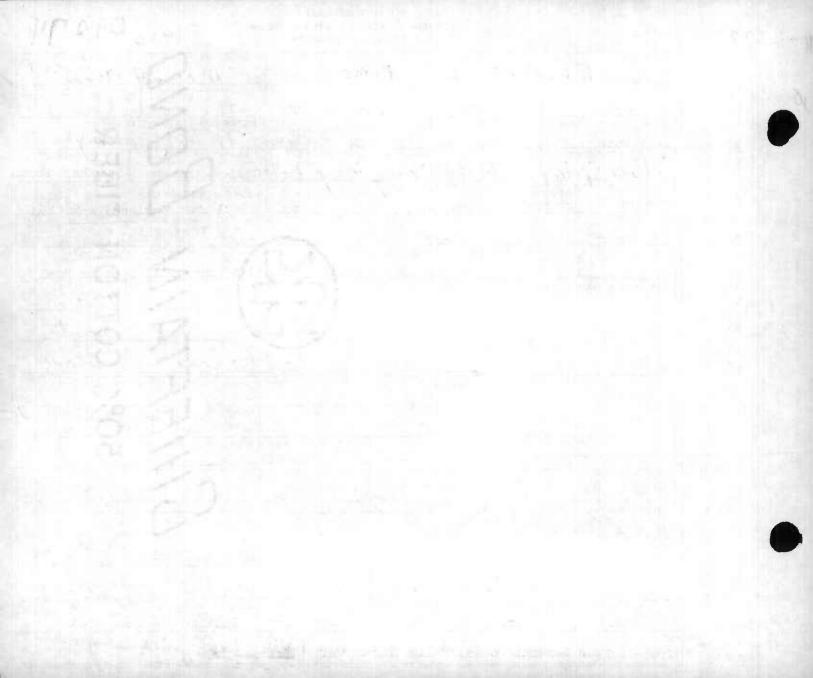
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	₽ ĕ BF		3 3 7	23a B	URIAL CREMATION, PEMOVA	23b. DATE	23c. NAME OF C	METERY OR CREM	MATORY 23	LOCATION CITY OR TOWN	COUNTY	STATE
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DHMH - 16 60M 7/84 (VRA 15. 4)

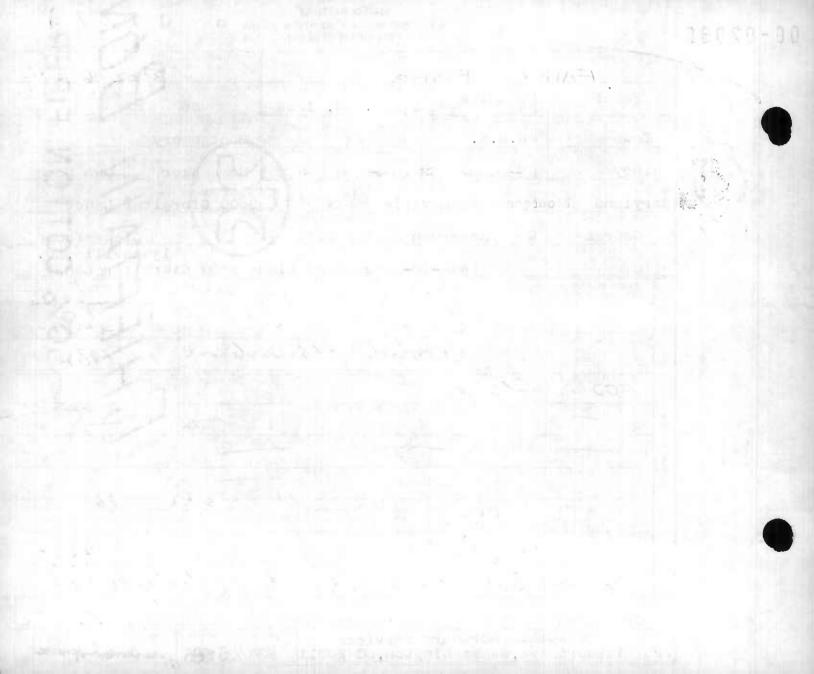
14 FUNERAL DIRECTOR Columbia Mortuary Services 225 Missouri Ave, NW Washington, DC 20011

3/24/86 Lee's Crematory

25g. DATE REC'D. 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE

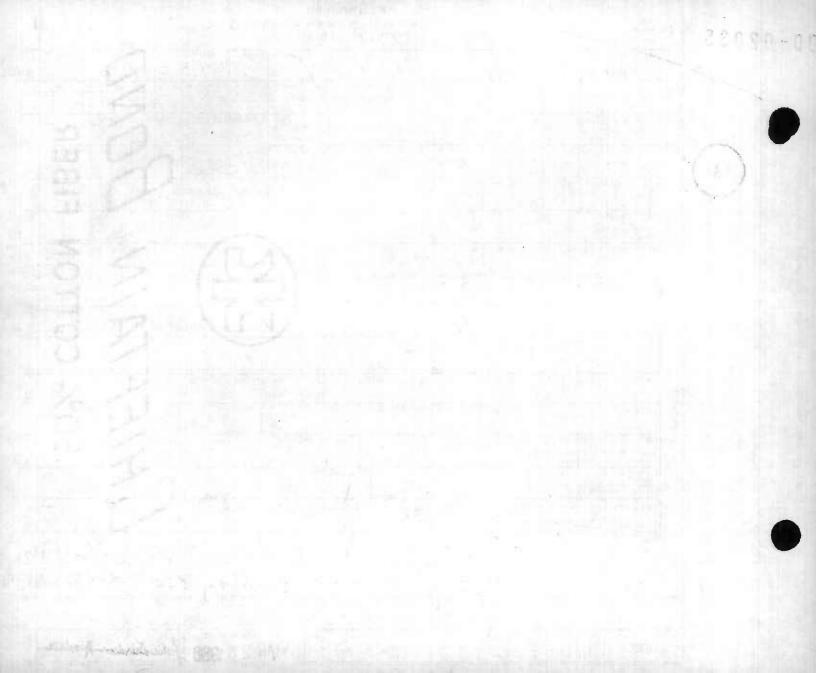
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ORE.	po po	2		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	AD	DRESS	ARYLAND	20817
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	OH OT DE STORY			Patrice	Co	Kello	99 -	WD	4743	radlay	Blu	d, bex	Thefdall
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN DONTH 3 DAY YEAR (TYPE OR PRINT) POWERS DEATH MATED RUBERT 3. SEX DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. DATE LAST BIRTHDAY PRONOUNCED DEAD 43 YRS To BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED U.S.A. New York EMON TGOMERY WIDOWED DIVORCED Bookkeeper Advertising 13a STATE 136 COUNTY 13¢ CITY OR TOWN 13d INSIDE CITY HMITS? 13e STREET ADDRESS 10353 YES NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Daniel Powers Kathleen Carroll 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 521 Orange St. Vietnam Daniel J. Powers Altamonte Springs.Fla 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ACUTE IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which MONUXIDE INTOXICATION gave rise to immediate couse (o) stoting the underlying couse last. NDE PRESSION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to IE, WRITING THE WORD "PENDING RWARDED TO THE CHIEF MEDICA: I: PAGE 3 SHOULD BE USED AS HIS STATE DEPARTMENT OF HEATH 0, 21201 PRIOR TO BURNA! 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO A 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] UNDERLYING CONTRIBUTING CAUSE OF DEATH FOUND 21e PLACE OF INJURY 211 LOCATION AT WORK NOT WHILE 220 I certify that I took charge of the remains described above, held on death resulted from: EXECUTE THE C PAGE 4 SHOU TO FUNERAL O AFFER DEATH, BADTMORE, M MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23d LOCATION 3/14/186 Fairview Cemetery Mill City Wyoming. Penn. 07/84 BP Removal: Gartner Sand., 316 E. Diamond Ave., Gaith. BY REGISTRAR 25M **DHMH - 17** Thos. Hughes F.H. 1240 St. Ann's St., Scranton, Pas (VR A15 ME (5))

an situave LOTEN . Je omnato for 1091-31-1039 Lender J. Bowers Altermeta Schlere. llm. 3 lhitto dairvies centery drown Land, . 206 . . Dimend live . Janetal Lavara

Thes. Turbes F.B., 1210 St. Am'le St., Serunton Pa.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH E-ASED NAME MONTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR MONTH YEAR 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH THE BESTHPLACE STATE OR FOREIGN MARRIED & NEVER MARRIED Manuland DIVORCED Montaomeru WIDOWED CITE OF TOWN OF DEATH 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY Suburban Bank Trust Officer Washington Adventist Hospital Takama Park USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION C VE RESIDENCE BEFORE ADMISSIONS 13e STATE 1136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 4006 Adams Drive 20902 Montaomeru Silver Spring Maruland 4 FATRER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Reeves Grace ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) Wife Same as 13 VOS 577-28-8161 APPROXIMATE INTERVAL BETWEEN OF SET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for 101, (b., and ici. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) adenocaremoma lung Canditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 IRCATION 90 DATE OF OPERATION 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES T NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) sow the declased alive an pinion death occurred on the date and have and from the causes stated ATTENDING W186. 230 BURIAL CREMATION REMOVAL 236 NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY Cremation Mar. 25, 1986 Metropolitan Crematory Alexandria
PARCEL PROPERTY OF THE PROPERTY OF T Virginia BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Silver Spring

DHMH - 16 60M 7/B4 (VRA 15, 4)

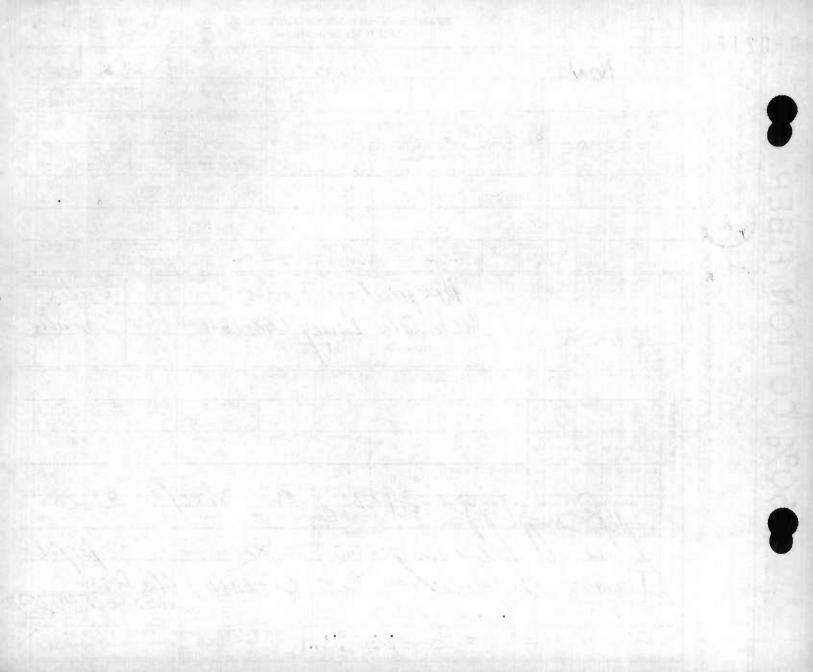
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Chimation Survey, 191 No transplitor Cirrectory Alexandria Virginia Francis I. Colvins In. Ide University Word, W. Silvan Suring M.

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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 2b HOUR Rawlings March 20, 1986 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER TYEAR Oct. 16, 1913 YEAR

- STATE REGISTRAR DECEASED NAME TYPE OR PRINTI Walter Leith 3. SEX 4 RACE White Male TO BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. Montgomery WIDOWED DIVORCED [I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Olney U.S. Gov't. Montgomery General Hospital retired 13. STREET ADDRESS / ZIP CODE 1629 Lewis Ave. 20851 Montgomery Rockville Maryland YES X 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME William Rawlings Nancy Leith 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT NO NOOR UNKNOWN 579-16-5339 Ida V. Rawlings same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ed atheroselera Conditions, if any, which gave rise to immediate cause Iai, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 acute MI now Bilt constide a contribuse therease Husutee 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) III LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET FACTORY, OFFICE FARM ETC) WHILE NOT WHILE 22a 1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an 20 Mar above, (I) (we) (did) (did mi) view the body after death. and that in (my) (aux) apinian death accurred on the date and haur and from the causes stated 226 SIGNATURE DEGREE 27c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 26 Mar 86 18111 Prince Philip Drive, Olney, Md. 20832 Donald Dillon, M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial 3/22/86 Warrenton Cemetery Warrenton, Virginia

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTTyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Maryland 20852 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

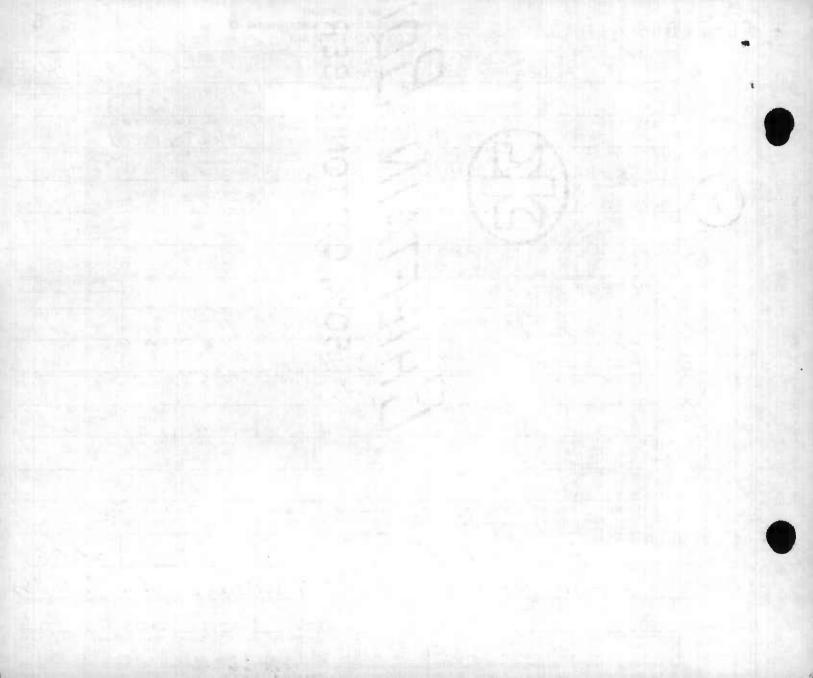
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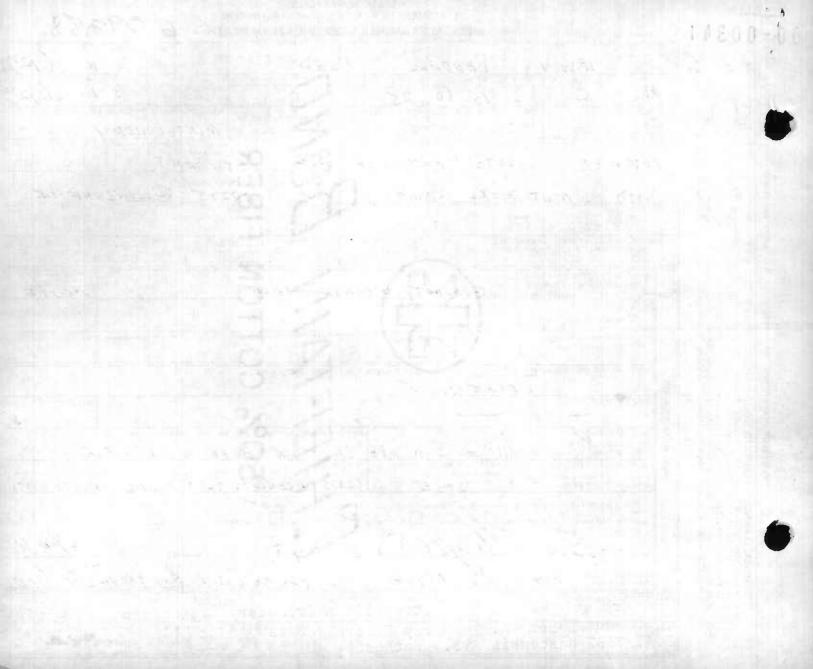
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00-01132	SYATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 9 2 8 7 CERTIFICATE OF DEATH REG. NO.
noy be poge 3	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR TYPE OR PRINT) WILLIAM - M - REECE / 3 - 16 - 86 7 PM M
4 mo	SEX 4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR MONTHS DAYS MIN.
oge one	Male Caucasian Jan. 12, 1905 81
deoth. P	BIRTHPLACE (STATE OR FOREIGN COUNTRY) S. MARRIED NEVER MARRIED NEVER MARRIED MONTGOMERY COUNTY OF DEATH MONTGOMERY COUNT
by the Is	Rockville 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SHADY BLOVE POWENTIST HOSPITAL 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Plasterer 120. KIND OF BUSINESS OR INDUSTRY CONTractor
filled in must be	JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 36. STATE Maryland Montgomery Gaithersburgs X NO 134. STREET ADDRESS 134. STREET ADDRESS 134. STREET ADDRESS 134. STREET ADDRESS
MARYL ed within mpletely ond 2 st	John F. Reece Virginia Gentry
ORE,	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-09-1803 Virginia Reece Same as #13e.
BALTIMOR sote be exected by sicion and appers. Pages vol	in the second se
RECORDS, 201 W. PRESTON ST., E law requires that the death certifical by the ottending physermit. Then please remove corban pare to prior to buriel, cremotion, or remove so ony mjury, or other troumatic event	18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and iccompany to the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause [a], stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- ROSTATIC HYPERTROPHY
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ATTENDIN spitol or CTOR: Afi Gruse of Joruse or of Health	22a. I certify that (1) (this hospital) attended the deceased from FEB 24, 19 76, to MARCH 16, 19 26, that (1) (we) last sow the deceased alive an MARCH 14, 19 96, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (glid) High not) view the body after death.
HOSPITAL OR, and by the hospital of the hospital of the hold be detached in the Store Dept ORTANT: if then	276. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR
O HOSPITA efoined by TO FUNERA should be de with the Stoti	WILLIAM R, STERN, MID, 14820 PHYSICIANS LANE, ROCHVILLE, MD.
BP	30 BURIAL, CREMATION, REMOVAL 236. DATE 1986 1234 NAME OF CEMETERY OR CREMATORY 234. LOCATION CITYOR TOWN COUNTY STATE Metropolitan Crematory Alexandria Virginia
DHMH - 16 50M 4/82 (VRA 15, 4)	omes, P.A. Rockville, Maryland. 20850 A FUNERAL DIRECTOR Robert A. Pumphrey Funeral Omes, P.A. Rockville, Maryland. 20850

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH © REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-IRWIN KANDALL DEATH MATED 5 DATE OF BIR 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE RONOUNCED 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED California United States County MD WIDOWED DIVORCED Education U'DEN T 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO [14 FATHER'S NAME Charles Stein Reed Janet 17 INFORMAN (Mother) ADDRES 2275 Greenleaf 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 578-78-0383 Janet S. Reed, Ave, Potomac, MD No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) GUNSHOT WOUND ACUTE DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In EPRESSON 190. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO Z 210. EXTERNAL CAUSE WAS 716 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 FOR HOURIA.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH SHUT 21e PLACE OF INJURY 211 LOCATION NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an and in my apinion Undetermined manner EXECUTE THE CERTIFICATION BE TO FUNERAL DIRECT AFTER DEATH, WITH BALLTIMORE, MARYLL ACTUAL SIGNATURE EXAMINER'S NAME 236.BURIAL CREMATION REMOVAL 236 DATE March 236. NAME OF CEME (SPECIFY) Cremation 11, 1986 Metropol Metropolitan Crematory Alexandria 07/84 25M Robert A. Pumphrey Funeral Home Serec'd By REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Wisconsin Ave., Bethesda, MD MAK (VR A15 ME (5))

STATE OF MARYLAND



	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLA HEALTH AND M FICATE OF DI	ENTAL HYG	IENE 8	6 REG. NO.	0	9	2	8	9
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1	7a. 8	Washington, DC	TE CITIZEN OF V	VHAT COUNTRY?	MARRIE	D NEVER M	ARRIED	* BALTIMOI	ontgon		OF DEA	тн		MI
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1	14n. %	VAS DECEASED EVER IN U.S. A VES VES WW	OF WAR OR DATED	577-16-	VIESER!	Georg		eese,	Jr., S		ddr	ess	as ;	#13
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×	ERT	21a ACCIDENT WAS UNDERLYING	21h TIME OF	to may		Tri, upuran	IN PAGE	YES 🗆	NOCE	YES			NO []	
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1	23a. f	MYROW L BURIAL CREMATION REMOVA				23+ ADDRESS EMETERY OR CA	230 WH	EATO	HOR	MD	EL	01	R	0
	24 F	uneral director Jose; 30 Wisconsin Av	oh Gawler	's Sons,	Inc.	Heave	250 DATE	REC D. BY RE			AR'S SI	GNATUR	₹E	

DHMH - 16 60M 7/84 (VRA 15, 4) Person 20, 2088 9:30 P VICE VICE ed to Jati X. netsnish Tie opio .ob emolipsion - reflection - mother - mother - mother - mother SECTION OF THE ASSET OF THE PROPERTY OF THE PR notwork -- three entry on .v der CV II Sy-16-Wyy Borgo . Reene, Ir., mes andrew an Mi. Опесия при д ваприями during towards . The of serves to district to the special to the serves OHE . HOLD TO BE SHOOT of the constant of the contraction, as a contraction of the contractio

(IF EITHER NOTIFY MEDICAL EXAMINER)

STATE OF MARYLAND CEDTIFICATE OF DEATH

REGISTRAR			CERTIFICATE OF DEATH	REG, NO			
1. DECEASED NAME (TYPE OR PRINT)	FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOL	JR
	ISABEI	L JEAN	REIDY	MARCH 5, 19	86	10	:00
3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	R 24 HR
FEMALE		Caucasian	JULY 8, 1912	73 YRS	MONTHS DAYS	HOURS	MIN
	TE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH		
New York		United States	MARRIED NEVER MARRIED	MONTCOMERY COLL	איזייע		

ID CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BETHESDA THE CLINICAL CENTER, NIH 3a. STATE 119K COUNTY

126 KIND OF BUSINESS OR INDUSTRY Housewife Own Home New York 13e STREET ADDRESS / ZIP CODE

IN CERTIFYING CAUSES OF DEATH?

YES

Suffolk NEW YORK Riverhead YES X NO 68 POINT RD. RIVERHEAD 11901 ATHER'S NAME 15 MOTHER'S MAIDEN NAME Ronald MIDDLE McIntosh Anna Dwyer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMATIGHTER) **ADDRESS** 728 HICKORY HILL ROAD 074-22-2570 JEAN ENGELSEN TERSEY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 36 Hours HYPOTENSION IMMEDIATE CAUSE (a) HYPERTROPHIC CARDIOMYOPATHY Years Conditions, if ony, which gove rise to immediate couse (o), stating the CHRONIC OBSTRUCTIVE PULMONARY DISEASE underlying couse Years CERTIFICATION

20b. IF YES, WERE FINDINGS USED

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NOX 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 714. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME, STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from February

sow the deceased olive on MARCH 5.
oboveXI) (we) (did) (# 250) view the body ofter death , and that in My) (our) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN | DIRECTOR | PHYSICIAN

77e ADDRESS

NATIONAL INSTITUTES OF HEALTH ocrtler MARYLAND 20892

230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 73d LOCATION (SPECIFY) Calverton March 10,1986 Calverton National Suffolk New York Burial

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes PA 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 7557 Wisconsin Ave. Bethesda, Maryland 20814

DHMH - 16 60M 7/84 (VRA 15, 4)

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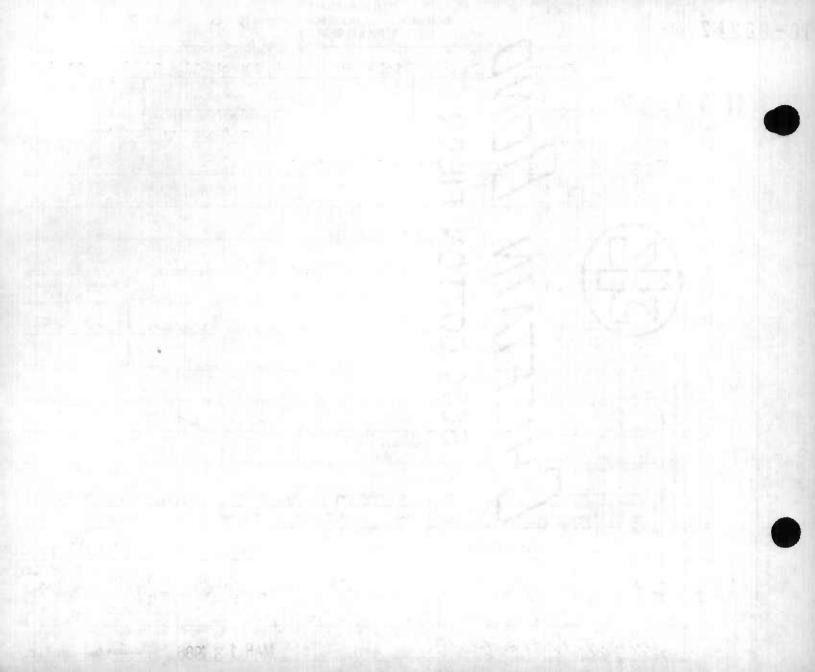
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH DECEASED NAME 26 HOUR (TYPE OR PRINT) March 11, 1986 Paul Jerry Richardson 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS IF UNDER THE AR SEX MONTH YEAR DAYS HOURS male 22- 1917 White 10-68 BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery County Ohio WIDOWED DIVORCED U.S.A. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Montgomery General Hospital Olnev Welder JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Ellicott Ci 13237 Triadelphia Road Maryland Howard trus [NOF H FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Stubbs Jermiah Richardson Margaret IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 3101 Dunglow Road 16n WAS DECEASED EVER 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) 725 2.79 07 Susan K. Guido Baltimoer, YES WWII MD 21202 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse p pope PART I. DEATH WAS CAUSED BY 5 MIN IMMEDIATE CAUSE (a) DUE TO. C 700 Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [Hygi 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART + OR PART ?) 00 HOUR A.M. MONTH DAY YEAR the burial-tra OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC.) STREET NOT WHILE WHILE 220 | certify that (1) (this hospital) attended the deceased from 19_86_, and that in (my) our) opinion death occurred on the date and hour and from the causes stated detoched DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deta with the State 1 PHYSICIAN THORRECTOR PHYSICIAN T MPORTANT 22e ADDRESS 27d PHYSICIAN'S NAME (TYPE OF PRINT) 230 BURIAL CREMATION, REMOVAL 73c NAME OF CEMETERY OR CREMATORY 23b. DATE SPECIFY MT. VIEW CEMETERY MARRIOTSVILLE BP. 3 - 14 - 86HOWARD BURIAL 24 FUNERAL DIRECTOR DHMH - 16 60M 7/R4 FUNER OF HOMESS (VRA 15, 4)

STATE OF MARYLAND



FOR

- STATE

SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REGISTRAR REG. NO DEPERSED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR **EDWARD** RINGS ALLEN 260 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR MALE WHITE 49 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED PENNSYLVANIA U.S.A. MONTG WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SELF EMPLOYED TRAPHIC DESIGNER BETHESDA USUAL RESIDENCE (IF NURSING HO GIVE RESIDENCE BEFORE ADMISSION OR OTHER INSTITUTION CITY OR TOWN 13d. INSIDE CITY LIMITS? 4808 RIVERDALE ROAD PRINCE GEORGES 20737 MARYLAND RIVERDALE NON YES [] 15 MOTHER'S MAIDEN NAME JAMES ANNMIOOLE NANCY RINGS DIETRICK WILLTAM 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LIFYES GIVE WAR OR DATEST FRANCIS MARK SCHIAVONE, EXECUTOR, SAME AS ITEM 13 163-38-6855 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: PNUMONIA CARINII PNEYMO CYSTIS MONTH IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF 13 MONTHS ADULT IMMUNE DEFICIENCY SYNDROME Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost

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DHMH - 16 60M 7/84 (VRA 15, 4)

CREMATION 3/27/86

22b. SIGNATURE

JAMES

230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY METROPOLITAN CREMATOR

DEGREE

m.1)

ATTENDING

23d LOCATION

MARYLAND

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

270 ADDRESS GIII EXECUTIVE BLVD.

ALEXANDRIA, VIRGINIA

20852

22c. DATE SIGNED

2-26-06

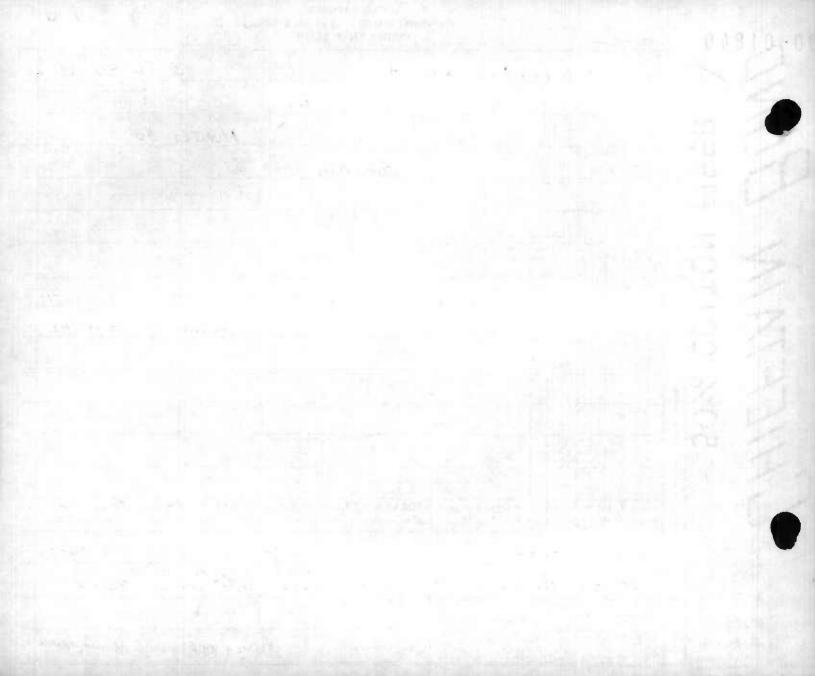
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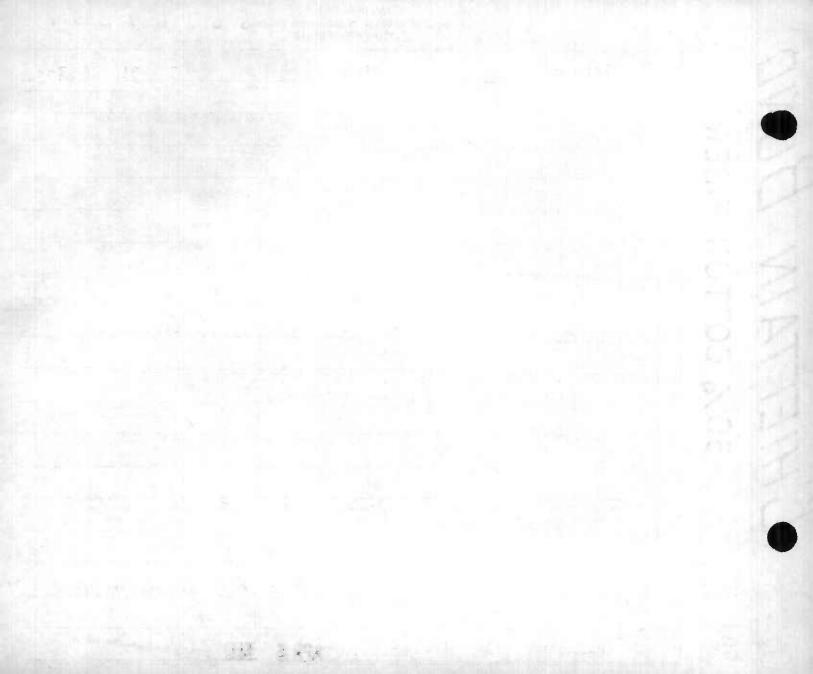
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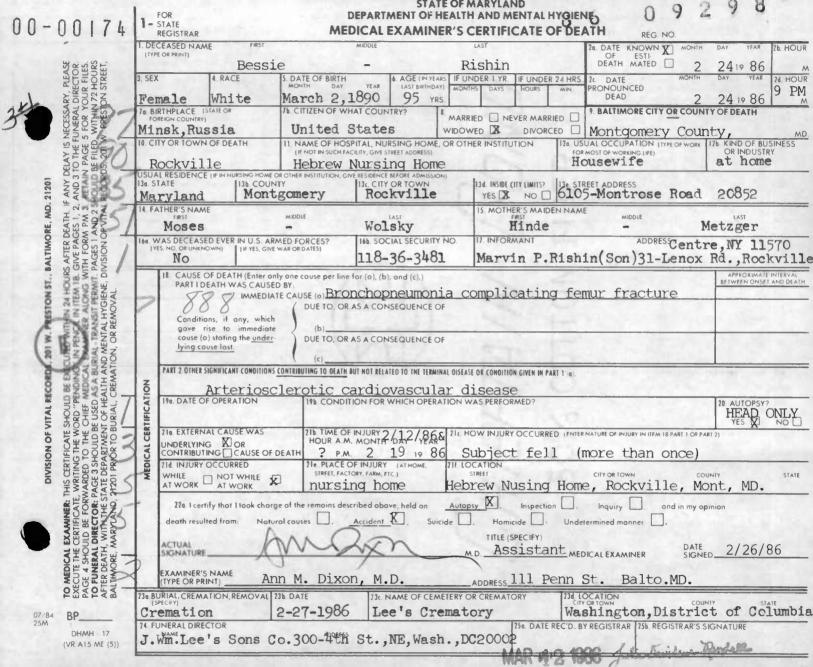
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

- STATE REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTE 1901 3 SEX 4 RACE 5 DATE OF BIRTHE AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HR MONTH White Dec. 20, 1915 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED U.S.A. Virginia WIDOWEXIX DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH INDUSTRY Janitor (Ret.) Janitorial USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Rockville. Maryland Montgomery NO X 12900 Turkey Branch Pkwy. 20851 A FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST Fairfax Robey Albert. Carrie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES GIVE WAR OR DATES) LYES NO OR UNKNOWN No 577-18-0260 George Moss, 4058 Spring Run Ct. Chantilly, VA 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NO D 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE

, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

sow the deceased alive an. above, (1) (we) (did) (did not) view the body ofter death.

220 I certify that (1) (this haspital) attended the deceased from

March 20,1986 Merrifield Cemetery

ATTENDING

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23c NAME OF CEMETERY OR CREMATORY

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24 FUNERAL DIRECTOR

230 BURIAL CREMATION, REMOVAL

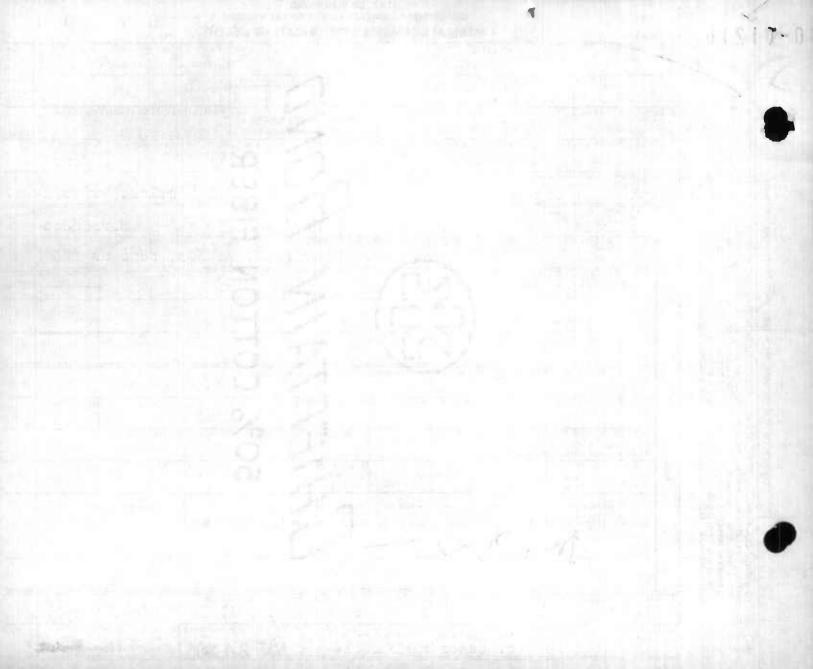
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DHMH - 16 60M 7/84 (VRA 15. 4)

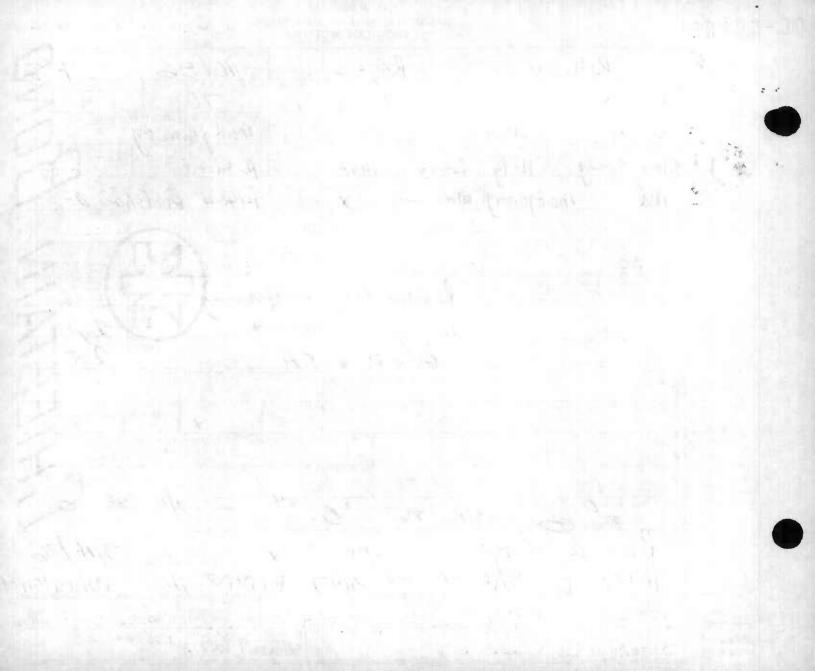
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ВР		BURIAL, CREMATION, REMOV. (SPECIAL CONTROL OF CONTROL	3/18/86		Heaven		OCATION CITY OR TOWN	Mont	• Mary	state vland
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moy poor		3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 90			Female	White	June 13, 1892	93 YRS	Mile.
6.0	ر سنو		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUN	TY OF DEATH
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Of of ods	3 ≧	230 E	SURIAL, CREMATION, REMOVAL	236 DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH ETYPE CIR PRINT OF ESTI-DATE OF BIRTH 6. AGE DATE LAST BIRTHDAY) PRONOUNCE 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED NEVER MARRIED WIDOWED . DIVORCED M. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 13d. INSIDE CITY LIMITS? 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ? TYTER SMITH LAST LAST EARLINE CAKS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMAN Hyattsville, Md. (YES NO OR UNKNOWN) 577-44-1096 EASTERN AVE. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT YES [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 214 INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY STATE PAGE 4 SHULLER ORECTOR:
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE ST.
RALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from Natural couses Homicide Undetermined manner TITLE (SPECIFY) SIGNATURE EXAMINER 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURIAT 07/84 BP LANDOVER MARYLAND 24 FUNERAL DIRECT ROLLINS FUNERALESHOME, INC. 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** MAR 2 6 1986 (VR A15 ME (5)) 4339 HUNT PLACE, N.E. MACHINICTON DO COOLO

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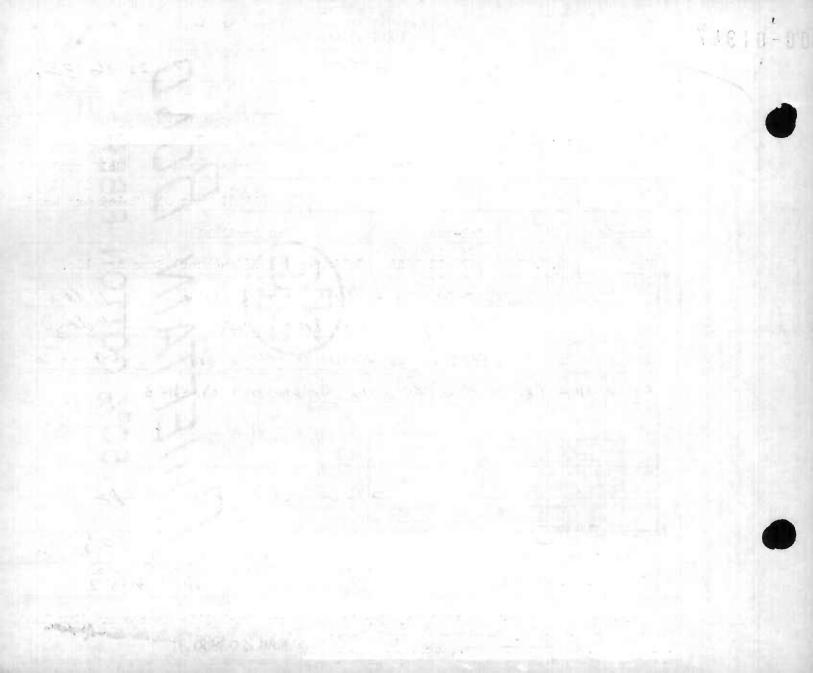
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ROLLING FULL HOME, INC.

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TTENDIN pital ar 2TOR: Af for use of Health 21 is ma			22a I certify that (I) (this haspi saw the deceased alive on above, (I) (did no			8G or	d that in (my) (corr) opinion	on death accur	red on the date			that (I) (we) lost couses stated
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-6/1	C	RIHPLACE (STATE OR F OUNTRY) hington, D.		United	what country? States	8 MARRIEI WIDOWE	D NEVER MARRIED D	Montgomery County,			M
110		Y OR TOWN OF DEA Bethesda	(TH	Suburt	HOSPITAL, NURSIN HEACILITY GIVE STREET A Dan Hospi	G HOME C DDRESS) tal	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife		INDUSTRY	F BUSINESS OR
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CTOR. A for men		saw the decease obave. (1) we to	d olive on_	315	1989	Fol.	ad that in (my) out opinion	death occurred on the d	ate and hour a	nd from the	tha (we) last couses stated
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7	3a BI	JRIAL CREMATION	REMOVAL	123h DATE-	- 123, N	AME OF C	EMETERY OR CREM ATORY	1234 LOCATION			

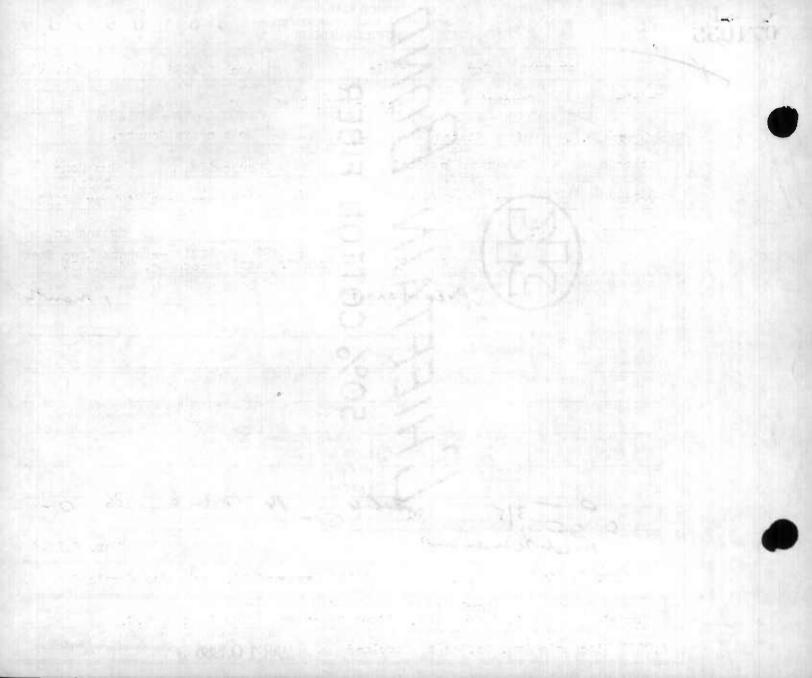
DHMH - 16 60M 7/84 (VRA 15, 4)

236 BURIAL CREMATION, REMOVAL 236 DATE March Burial 8, 1986 Mt. Olivet Cemetery PA, 7557 Wisconsin Ave. Bethesda, Maryland

Washington, D.C.

"D. BY REGISTRAR" 25b. REGISTRAR'S SIGNATURE

TO 1986



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MIDDLE 2b. HOUR DECEASED NAME TYPE OR PRINT EROME 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 4 RACE 5. DATE OF BIRTH 1925 Male White June 60 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED MONTGOHERY DIVORCED WIDOWED Minnesota 3-M Co. Director Tobbist Relations 130 STATE 13e.STREET ADDRESS / ZIP CODE 136 COUNTY 13c. CITY OR TOWN Maryland NO T 12804 Hammonton Road Montgomery Silver Spring YES X 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE FIRST David Schaller Gertrude Lach 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Yes WW 11 468-20-6904 Helen M. Schaller- wife- (same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 0000 IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse to), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHILE OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 MEDIC 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE AT WORK 220.1 certify the (1) this hospital) attended the deceased from sow the deceosed olive on. and that in Imy (our) opinion death occurred on the date and hour and from the causes stated body ofter deoth. obove, (1) (we) (did) (did not view the DEGREE MEDICAL ATTENDING DIRECTOR PHYSICIAN D. Goldberg

DHMH - 16 60M 7/84 (VRA 15, 4)

old b

24 FUNERAL DIRECTOR Hines Rinaldi Funeral Home

Burial

23b DATE

3-26, 1986

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

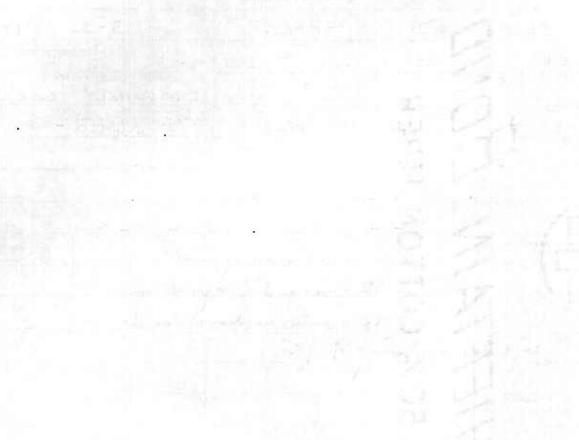
11800 N.H. Ave. Silver Spring, Md.

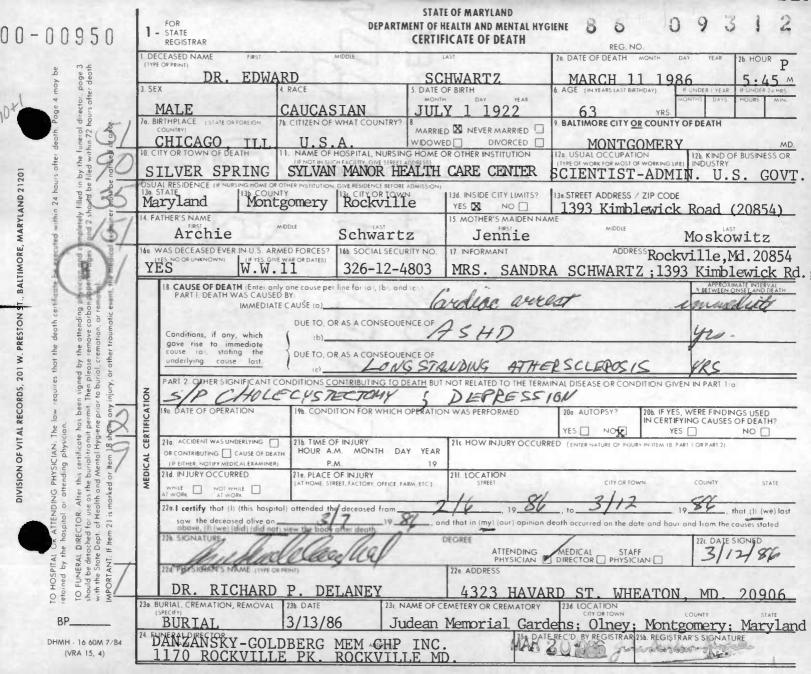
Gate of Heaven

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

Silver Spring Montgomery Md. 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

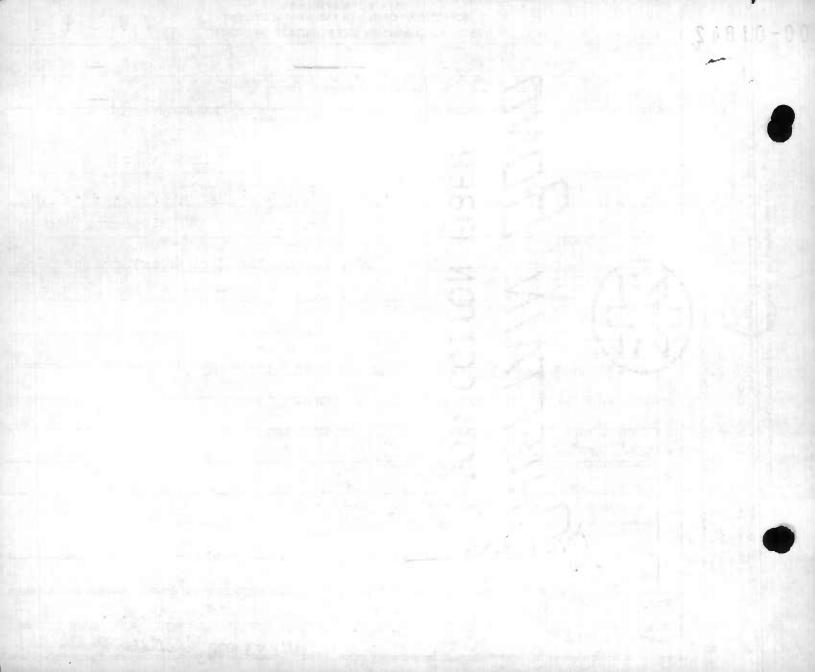




					STATE OF MARYLAND		
0 -	02208	1	FOR STATE REGISTRAR	DEPARTMEN	IT OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	GIENE 8 6 0	9313
			CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
	nay be page 3	(14)	HELMA	RIIN SCH	WEIZER		5 1986 736 M
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	à 11 G//	-0		1. NAME OF HOSPITA, NURSING H		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
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VD 21	24 ho	13a.	STATE USB COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADA Y 136 CITY OR TOWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE	26218
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ARY	3 19/13/	1 8	FIRST	IDDLE LAST	FIRST	MIDDLE	LAST
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0	w re	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPE	RATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
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TAL	The hard	- E	AL ACCIDIANT MAS IN PROPERTY OF THE	AN THE GENTINE			NO [
>	AN Troit		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 1216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RI ORPART 2)
ō	g p g p ertif riol-t entol	3	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
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	Spirit of Spirit		obove, ()) (we) (did) (did not	view the body ofter death	ond that in (my) (our) opinion	death occurred on the date and hour	and from the causes stated
	DIRE Iche		226. SIGNATURE	- m/1/2	DEGREE		224 DATE SIGNED
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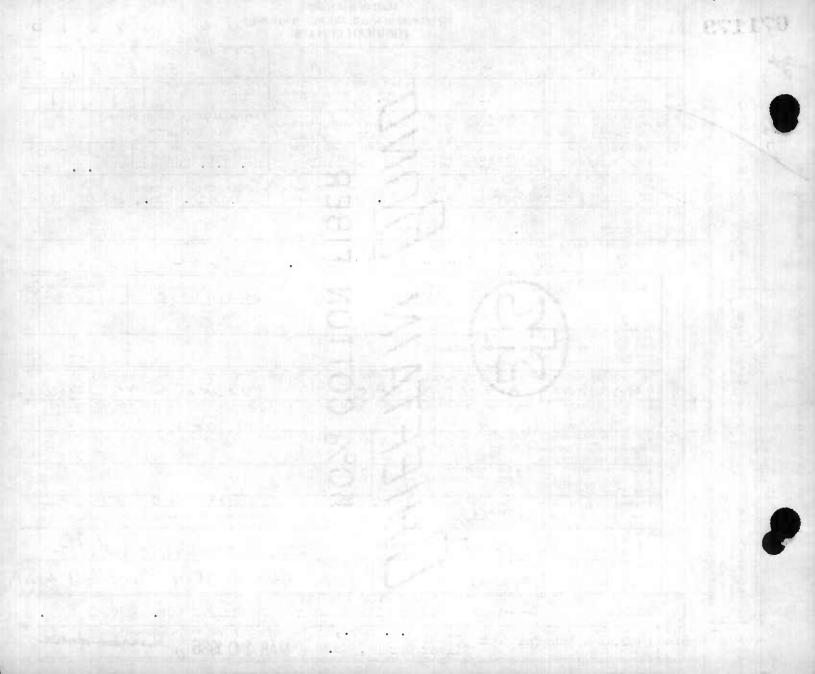
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9	Town Town		HER'S NAME				,			R'S MAIDEN N	NAME						
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nn.	B	urial, cremation, removal				METERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



500 University Blvd. W. Silver Spring.

STATE OF MARYLAND

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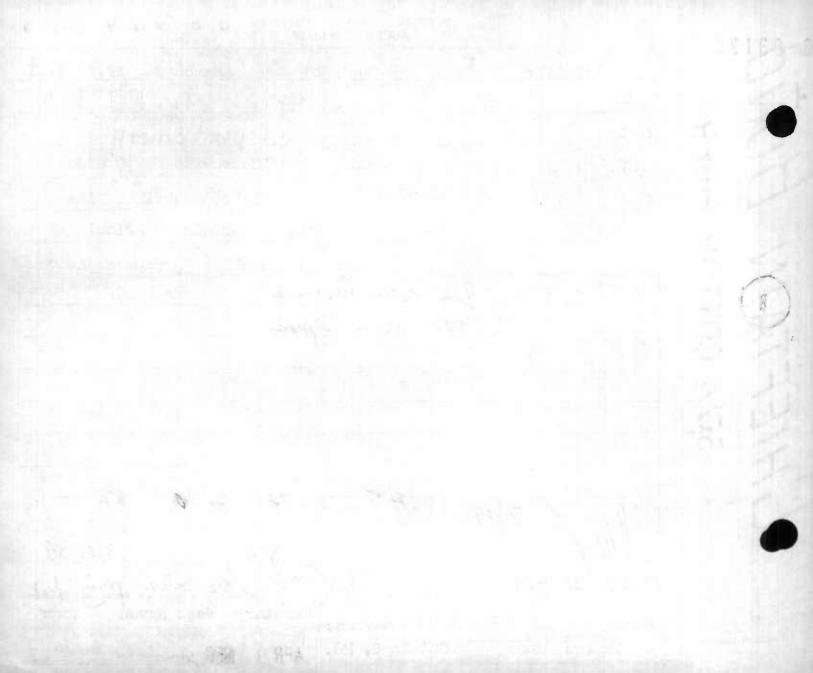
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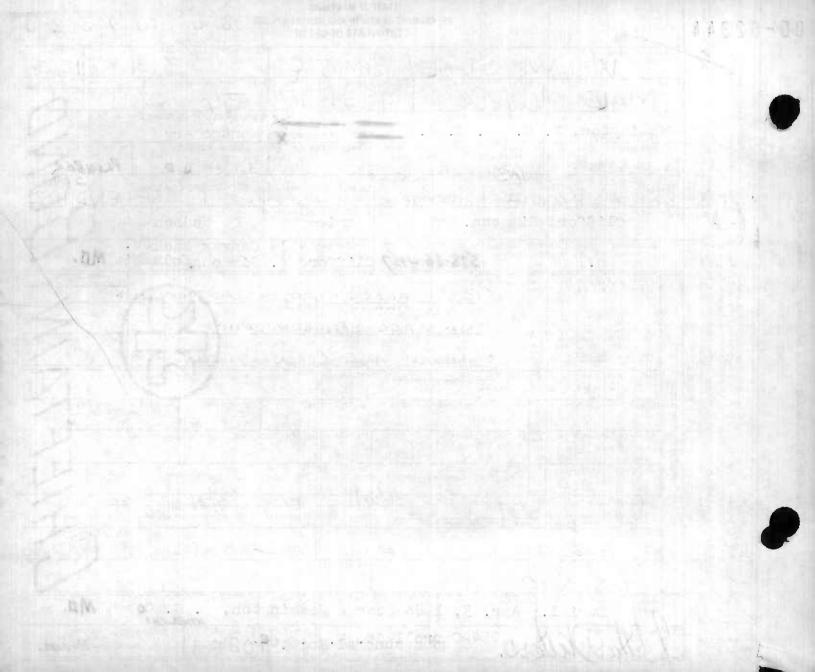
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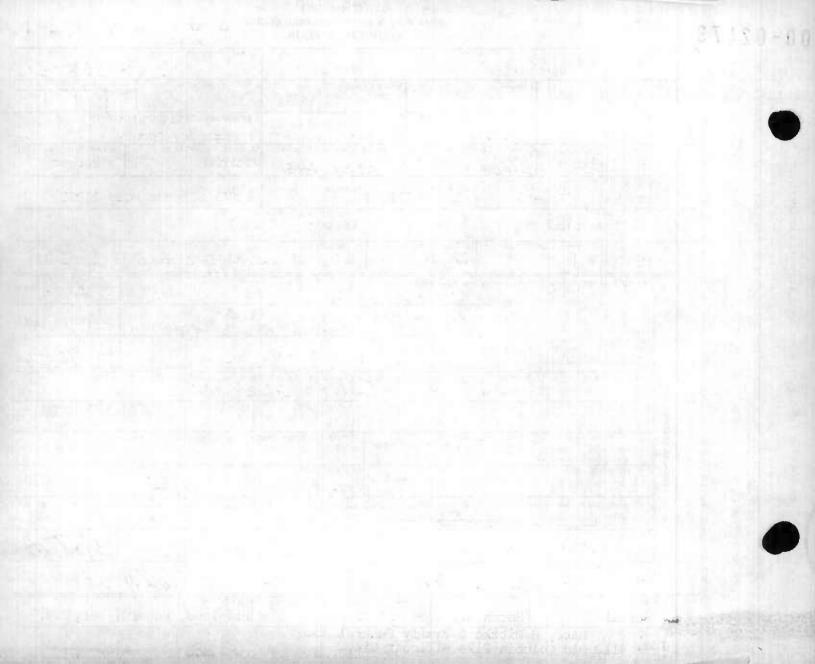


070221		FOR STATE Item 13a P	(NAME) DEPART	MENT OF HEALTH AND MENTAL	HYGIENE 8 6	0 9 3 1 9
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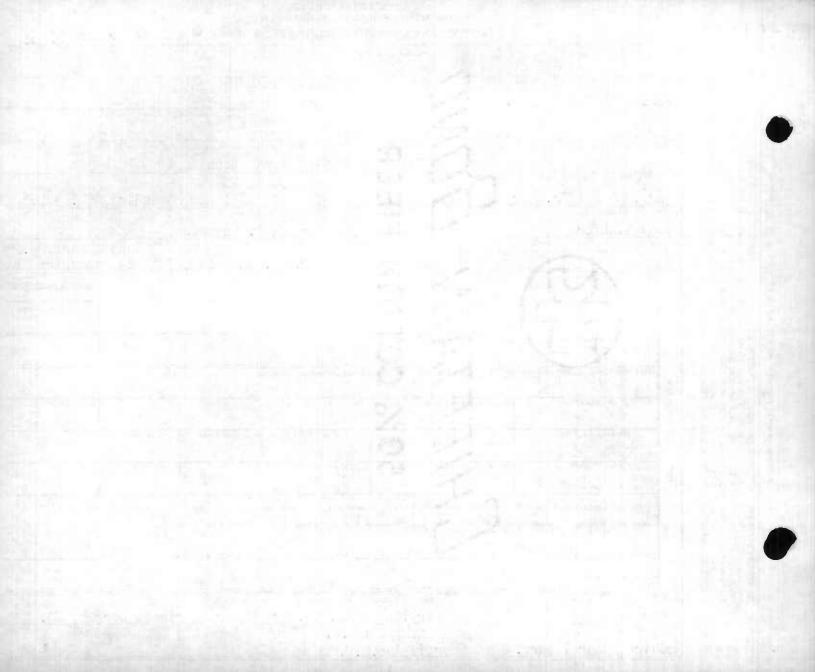
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s offer d	TA	KOMA PARK WI	AME OF HOSPITAL, NURSING HOME OR ON ON THE STREET ADDRESS) 4 Shington Advents	11	USUAL OCCUPATION WEST OF WORK FOR MOST OF WORKING DISABLED	126. KIND OF BUSINESS O INDUSTRY
hin 24 hou	130	AL RESIDENCE (IF NURSING HOME OR OTHER IN STATE 1136 COUNTY 1ARLEND MONTO	6 SILVERSPRING Y	INSIDE CITY LIMITS?	STREET ADDRESS / ZIP CO	11/01/2
	0	FRELifford Mei	mmons. LAST	Mamiers	Mudson	LAST
oe execut		WAS DECEASED EVER IN U.S. ARMED FO YES NO OR UNKNOWN) NO .	Phatest 1 23tans	lifford A.	Canvas ^{oo} Back Simmons,Colu	Dr. mbia MJ .
physical phy		18 CAUSE OF DEATH (Enter only one of PART I, DEATH WAS CAUSED BY IMMEDIATE CAU	CARDIAN ADES	ST - VENTRIC	LUAR TACHYO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce attending have carb bitan, ar r		Conditions, if any, which gave rise to immediate	UE TO, OR AS A CONSEQUENCE OF (b) END. STAGE	CARDIONYOP	ATHY/	
that the day the ease remail, creminations			JE TO, OR AS A CONSEQUENCE OF	IN CORONA	ny antery of	son e
signed Then pl to burn	N O	PART 2 OTHER SIGNIFICANT CONDITIONS	TIONS <u>CONTRIBUTING TO DEATH</u> BUT NO)T RELATED TO THE TERMINA	al disease or condition (GIVEN IN PART 11a
The law re- icion. te has been ssi permit. giene prior shows any in	CERTIFICATION	190 DATE OF OPERATION 19	b CONDITION FOR WHICH OPERATION V	VAS PERFORMED	200 AUTOPSY? 206. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: T ending physici this certificate to burial-transi and Mental Hyg			b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	TE HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM	8 PART OR PART 2}
the parket	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	B. PLACE OF INJURY THOME STREET FACTORY, OFFICE FARM, ETC.)	If LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIP hospital or RECTOR: A red for use opt. of Healt em 21 is me		220 I certify that (I) (this hospital) are saw the deceased plive on abave, (I) (we) (did) (did not) view	31 10 86 and	hat in (my) (aur) apinion dea	, ta	, 19 0 , that (I) (we) la aur and from the causes stated
0 00 =		276 SIGNATURE Avant	uo M'	PHYSICIAN DO	MEDICAL STAFF	224. DATE SIGNED
TO HOSPITAL TO FUNERAL I Should be deto with the State I IMPORTANT: #		22d PHYSICIAN'S NAME (LINGE OR PRINT)	Marine Services	?e ADDRESS		
BP	L	Burial.		rge Washing	ADELPH	1
DHMH - 16 60M 7/84 (VRA 15, 4)	24	Willer Keller	U.254 TGROWS 1 Fust	ral HoneAPR	O 2 1986	ISTRAR'S SIGNATURE



							STAT	E OF MARYLAND			
00-02	47	3,	1.	FOR STATE REGISTRAR		DEPART		ELALTH AND MENTAL HY	GIENE 8 6	0.	9321
	w c	2		CEASED NAME FIRST	1.	MIDDLE		LAST .	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
ay be	deat	-12			liam			impson	<u> </u>	3-28	-86 0051 M
	ectar, p		3. SE	Male	4 RACE Wh	nite	S. DATE O	Der 24,1893	6 AGE IN YEARS LAST BIR	YRS.	NDER I YEAR IF UNDER 24 HRS. MS DAYS HOURS MIN.
h. Pag	ol du	26		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH
deot	2 2	\$3V		ryland	U.S.		WIDOW	DIVORCED [Montgomery		
201 rs after	by the		1	Rockville	SHADY	CH FACILITY, GIVE STREE	ADVEN	OR OTHER INSTITUTION IT IST HOSP.	Recired Most of	ON IF WORKING LIFE)	26. KIND OF BUSINESS OR NOUSTRY Farmer
4ND 21	filled in	25	13a. S	AL RESIDENCE (IF NURSING HOME) STATE LATE HO HO	or other institution of the contract of the co	13c CITY OR TOV	NN_	134. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS	oson Roa	d 21029
MARYL.	and 2 sh	Sydming 1	19FA	THER'S NAME William Simp	SOM	LAST		Rebeccars C	issel MIDDLE		EAST
IMORE,	Pogest	2 medico	16a V	VAS DECEASED EVER IN U.S. (ES_NO OR UNKNOWN) (IF YES NO	ARMED FORCES? GIVE WAR OR DATES)	220 34		George Simps	on 11961 Si		21029 Clarksville
PRESTON ST., BAL	e attending physicimave carban poper mation, or remavol	fraumatic event, th		Conditions, if any, which gove rise to immediate	DUE TO, C	Devel	JET CE OF	mia hem metal	State Coro	nom	2 gens
to tw. F	ed by the elease re riol, cren	or ather		cause (a), stating the underlying cause last	(c)_	OR ASIA CONSTOL	L	Corono	mh		4 years
ORDS, 2	Then partabu	· ulaux	LION		Fran	ture	, RL	NOT RETURNED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN I	N PART Mo
AL RECC	thas be	Up soul	CERTIFICATION	19a DATE OF OPERATION	19b CONT	PITION FOR WHICH	H OPÉRATIC	WAS PERFORMED	20a AUTOPSY?		G CAUSES OF DEATH?
OF VIT.	ertificate ial-trans intal Hyg	18 g	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY M. MONTH (I M.	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)
DIVISION OF NG PHYSICIA offending pl	s the bur	rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	ZIT LOCATION	CITY OR TO	WN /	COUNTY
0 0	R: Afi	S HO		22a.l certify that (1) (this he			, Ol	9/W/V19/81	2, 10_dd	19_	, that (1) (we) tast
ATTEN	CTO	नु 9		sow the deceosed olive obove, (I) (we) (did) (die	on the bed	ofter death)		nd that in (my) foot opinion	death accurred on the de	ote and hour and	from the couses stated
TAL OR y the ho	Intached			THE SIGNATURE AS	Tha	N 7.	2		MEDICAL STAI	FF IAN	3/28/86
O HOSPI	D FUNE hould be	A CRIA		Thus C	WARI	6/1	6 R	of ADDRESS	& Beck	leh	20817
To	FC 191 B 11	20 8	23a. E	URIAL, CREMATION, REMOVE Burial				EMETERY OR CREMATORY	23d LOCATION	1150	STATE
BP.		- 5				31, 1986		Zion			Maryland
	16 50M 4/ A 15, 4)	′B2	Ir	ineral directorHarry	olubia P	ike Ellic	cott C	ity A	PRO3 1986	Fishia Davi	SSIGNATURE



		1	FOR					MARYLAND	LIVOIPAIR		
00-	91047	1	- STATE			DEPARTMENT OF DICAL EXAMII			OF DE ATH O	0 9 7	9 9
0 0	01071	10	REGISTRAR DECEASED NAME	F FIRST	7716	MIDDLE Thomp		LAST	20 DATE KNOWN		EAR Zb. HOUR
	94 ~ . 6 St E		YPE OR PRINT)	PORT	TA	L. SINKE			OF ESTI- DEATH MATED	TR-3-86	I I I I I I I I I I I I I I I I I I I
	PLEASE ECTOR. R FILES. HOURS STREET,	3 S	EX	4. RACE	5. DATE OF BIRTH	& AGE (IN)	EARS IF UN	DER 1 YR. IF UND	ER 24 HRS. 2c. DATE		YEAR 2d HOUR
,	DUR NO.	1	emale	Black	Dec. 12,	YEAR LAST BIRTH	(RS. 2	19 HOURS	MIN. PRONOUNCED DEAD	3-3-86 19	4:42F
8	33213	70.	BIRTHPLACE (5		76 CITIZEN OF W		I.e.	IED NEVER MA	9 BALTIMORE CIT	Y OR COUNTY OF DEAT	
7	SA SEE		laryland		United S	States	WIDOW	_		ery County	MD
	544967	10.	CITY OR TOWN		11. NAME OF HOS	SPITAL, NURSING HOA	E, OR OTH	ER INSTITUTION	IZE USUAL OCCUPATION (FOR MOST OF WORKING LIFE)	TYPE OF WORK 126 KIND O	F BUSINESS
	15557		Takoma I			on Adventi		spital	None	None	
1	1633	130.	STATE	13b COUNT	Υ	130 CITY OR TOWN	SION)	13d INSIDE CITY LIMITS	13e STREET ADDRESS	219	12
	THE REAL		laryland		eorges	Takoma Pa	rk	YES X NO		pshire Ave.	#309
1	ADS THE	11	FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MA	MIDDLE	LAST	Ca A
	30 × 1		ony Sin	Ktord Dever in U.S. Arm	ED FORCES?	16b SOCIAL SECURI	TV NIO	Tressa 17 INFORMANT	L. Thompson	Ecc	
	AND SECTION AND AND AND AND AND AND AND AND AND AN	11/	(YES, NO, OR UNKNO				11110.		The same of Canal	ESS Takoma Par	k,Md.
-	A SPECIAL		O CAUSE O	E DEATH (Enter only	one sawe and line	None for (a), (b), and (c).)		JO Ann M	l. Thompson, 673		MATE INTERVAL
	ON ST. 24 HOLL CONG. ONG. PERMIT SIENE,		PARTIDE	ATH WAS CAUSED	BY: \$130	den infant	death	syndrome		BETWEEN	ONSET AND DEATH
	PRESTON ST THIN 24 HOL CIL IN ITEM IN VER ALONG ANSIT PERMIT AL HYGIENE, REMOVAL.	3		IMMEDIATE	CAOSE (0)	AS A CONSEQUENCE					-
	WITHIN 2. WITHIN 2. WCIL IN IT INER ALC RANSIT P TAL HYG R REMOV			ns, if any, which se to immediate	(b)					A SECTION	
	N N N N N N N N N N N N N N N N N N N		couse (a)	stating the <u>under</u> -		AS A CONSEQUENCE	OF				
	CECUTE NG" IN I SAL EXA BURIAL AND M		lying cau		(c)		25%				
	Z WESTES	7		IGNIFICANT CONDITIONS CO	ONTRIBUTING 10 DEATH	BUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (a		
	CERTIFICATE SHOULD BE TING THE WRONG "FEND THE CHIEF MED 3 SHOULD BE DEPARTMENT OF HEALT!" I PRIOR TO BURIAL, CRE	FICATION	19n DATE OF	OPERATION	Tigh CONDI	TION FOR WHICH OPE	PATION VA	AS DEDECIDANEDS		les with	Dava
	SHOUL CHIEF CHIEF TOF H	5			170 CONDI	HONTOK WHICH OF	KATION W	ASTERIORNED:		20 AUTO	_
	ATE ST F WO THE C WENT	7 8	210 EXTERNA	AL CAUSE WAS	21b. TIME O		21c H	OW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM	YES	1 00 L
	NE PER PER PER PER PER PER PER PER PER PE			OR OR		N. MONTH DAY YEA	R				
	PRO SHA	MEDICAL	21d. INJURY C	CCURRED	21e PLACE	OF INJURY LATHOME,		CATION	Mary Water Street		
	245A2	2	AT WORK	NOT WHILE AT WORK	SIREEL, PAC	TORY, FARM, ETC.)		TREET	CITY OR TOWN	COUNTY	STATE
	ME. THE JAME. ATE. ATE. ATE. ATE. ATE. ATE. ATE. AT				of the remains de	scribed above, held an	Autop	sy 🙀 , Inspec	tion . Inquiry .	ond in my opinion	
	MINE RECEIVED		death result		l couses X		uicide	, Hamicide	Undetermined manner],	
	DIE I			Olous	A	111 10		TITLE (SPECIFY)		2 4 04	
	CAL EXA THE CER SHOULD RAL DIR ATH, WII	20	ACTUAL SIGNATURE	Much	rte Whe	gora	M	Assistar	T MEDICAL EXAMINER	DATE 3-4-86)
	UTE S	4	EXAMINER'S	NAME			W D	111	Donn Ctroot		
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE BEGGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTIMORE, MARYLAND,	22	(TYPE OR PRI	NT)TION, REMOVAL 23		A. Korell			Penn Street		
		730	Burial Burial		3/7/86	Manulan			23d. LOCATION CITY OR TOWN	COUNTY	STATE
07/1 25M		24	FUNERAL DIREC			Washingt		1.Mem.Par	k Laurel, Princ	ce Georges,	Md.
	DHMH - 17 (VR A15 ME (5))	Mc	Guire Fi	uneral Sov	ADDRESS	Georgia Av		C.	I To Standard	Macon - Continues	
	(-1)	10	Sull Cit	uncial Jel	V. /400	acorgia AV	Maklan				b.



n-n22	25	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0	9 3	2 3
oy be			CEASED NAME OR PRINT)	FIRST Mary	В	MIDDLE	Skee	ls	20. DATE OF DEATH March			12:55 MM
moy r. pag		3 SE	Х		4 RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	[HDAY]	IF UNDER I YEAR	IF UNDER 24 HRS
90 50			Female		Whit		Jun	e 19, 1895	90	YRS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 4 4 5 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5	\$3		RTHPLACE (STATE ORFO	OREIGN]	U.S.	WHAT COUNTI	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O Montgome		OFDEATH	MD.
other o	10		ITY OR TOWN OF DEA	TH	11. NAME OF (IF NOT IN SUC 5108	HOSPITAL, NUR THEACILITY, GIVE ST Northing	SING HOME C REET ADDRESS) Ston Dr	R OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE OF WORK FOR MOST OF THE OF T		12b. KIND O INDUSTRY OWN	Home
1.24 hop Hilled in Güld bei	35	13a. S	AL RESIDENCE (IF NURSI STATE Md. 20816	ng home or of 136 COUN' Montg	other institution ty comery	Be the	OWN	13d INSIDE CITY LIMITS? YES TO [13. SIREEL ADDRESS / 5100 Worth	ZIP CODE	on Dr.	20816
ad with	\$7	14 F/	ATHER'S NAME William	<i>N</i>	AIDDLE A	Focht		15 MOTHER'S MAIDEN NA/ Carrie	MIDDLE B.		McKibbê	
re execut in ond co	/ nedical				MED FORCES? WAR OR DATES)	578-6	2-0084	Clarence C. 1	ADDRE Keiser 4720		gomery :	
introte in popular	vent, the		18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSED	y ane cause per DBY. ECAUSE (a)	line for (a), (b)	and icilli	pulmmar	y arres	I	BETWEEN (MATE INTERVAL ONSET AND DEATH
s that the diaglaced by the strength colors and settle	or other traumatic		Conditions, if ony, gove rise to imm cause (a), stating underlying cause	ediate g the last.	(b) DUE TO, O	R AS A CONSE	QUENCE OF	inera. O	lucare			yesu.
in the equire	S ony injury.	TIFICATION	190 DATE OF OPERAT					NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPŠY? YES NO X	206. IF YES	S, WERE FINDIN	NGS USED
SECIAN. ng physic certifican unicilitram annoi tram	9	MEDICAL CERTI	21a ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	P.	M. MONTH	DAY YEAR	214 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUS	RY IN ITEM 18. P	PART 1 OR PART 2)	
attends of the by the one who	orked or	MED	21d. IN JURY OCCURR WHILE NOT WHI AT WORK AT WOR			OF INJURY REET FACTORY, OFFI	CE, FARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ATTENDITION OF CTOR, A 15th user of Health	21 h m		22a I certify that (I) saw the decease above, (I) (me) (d	d alive an_	mars	49	86,00	d that in (AMY) (our) apinion (death accurred on the do	2 2		that (tt (we) last causes stated
RAL DIRE	NT. II Ber		276 SIGNATURY	il	1/1	June	m.		MEDICAL STAF	F IAN 🗌	3-2	4-86
Homed by Purify Mould be Shared	WPORTA		David V.			/		4530 Conn Av	NW Wash	ingtor	n, DC	
BP			BURIAL, CREMATION, I (SPECIFY) Buria	11	23 DATE /			een Cemetery	23d LOCATION Red TOOK		COUNTY	Iowan
DHMH - 16 60M (VRA 15, 4		Jo	Raph Mawjer	r's So	ons, Inc		Wisc.	Ave.	2 7 1986	256 REGIST	PAR'S SICHAL	AR.

The art are selected to the selected to OFFICE OF THE PARTY OF THE The second secon - SEALTH - APRIL --. DC . . mb april 05 The same dance of the same at the same of the same To and the base of stand field a company of the company dosman der ler's sor, 120. 12 dec. v..

30100-00 terconic descriptions and areas areas and a second C 2000 000 produceros fingle and avoiding the production of Targer's all temporary distort forces. List of the contract of the co AND THE RESIDENCE AND THE PROPERTY OF THE PARTY OF THE PA The Country of the State State Line 12 had a

- STATE REGISTRAR DECEASED NAME

Female

TO BIRTHPLACE (STATE OR FOREIGN

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

Smart

Aug. 29, 1901 AR

5 DATE OF BIRTH

WIDOWED

REG. NO 20 DATE OF DEATH MONTH March 6, 1986 6:20 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery

76. CITIZEN OF WHAT COUNTRY? $U_{\bullet}S_{\bullet}A_{\bullet}$ Maryland O. CITY OR TOWN OF DEATH Rockville

4 RACE

Florida Starlotte Port Charlotte

MIDDLE

White

Magdalen

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Potomac Valley Nursing Home

12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR pustry. Dept Retired U.S. Go Agriculture

33952 701 N.E. Starlite Lane

Thompson

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

FATHER'S NAME John 160 WAS DECEASED EVER IN U.S. ARMED FORCES

Herbert

166 SOCIAL SECURITY NO 263-82-3231

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Herbert

Port Charlotte

17. INFORMANT

13d INSIDE CITY LIMITS?

Lydia

15. MOTHER'S MAIDEN NAME

ADDRESS John Smart 9805 Sunset Dr. Rockville, Md. 20850

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION

190 DATE OF OPERATION

71d INJURY OCCURRED

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

P.M

21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC)

71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

10

211 LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

STATE

22a.1 certify that (1) (this haspital) attended the deceased from 5 March sow the deceased olive on above. (1) (we) (and) (did not view the body after death

R 6 . and that in (my) to opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN

70a AUTOPSY?

NOT

CITY OR TOWN

22c. DATE SJGNED

Patricia Kellogg

809 Viers Mill Road Rockville, Md. 20850

23a BURIAL, CREMATION, REMOVAL (SPBUrial 3/8/86

Parklawn Memorial ParkivoriowRockville, unMarylandate

²⁴ FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 ARockville Pike, Rockville, Md. 20852

MAR 1 1 1986

DHMH - 16 60M 7/B4 (VRA 15, 4)

P

DIVISION OF VITAL RECORDS.

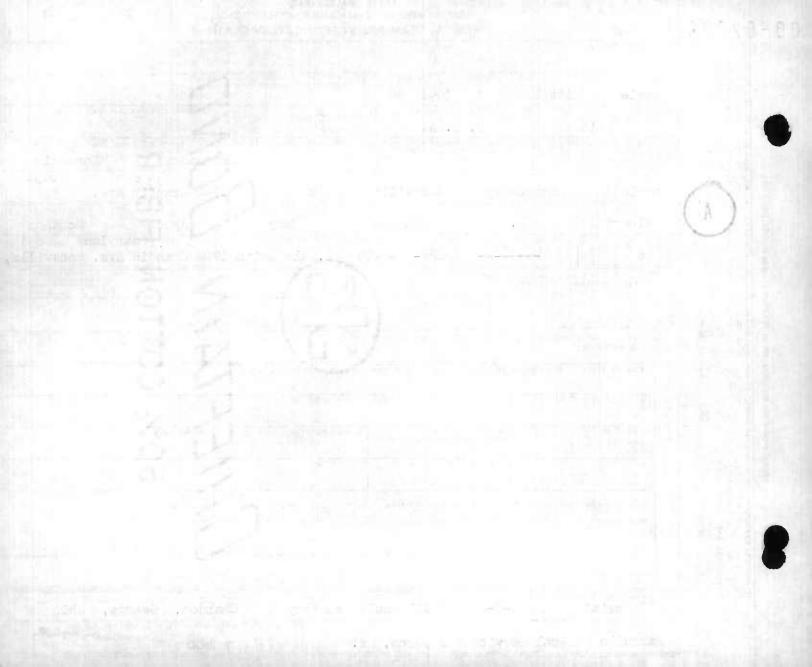
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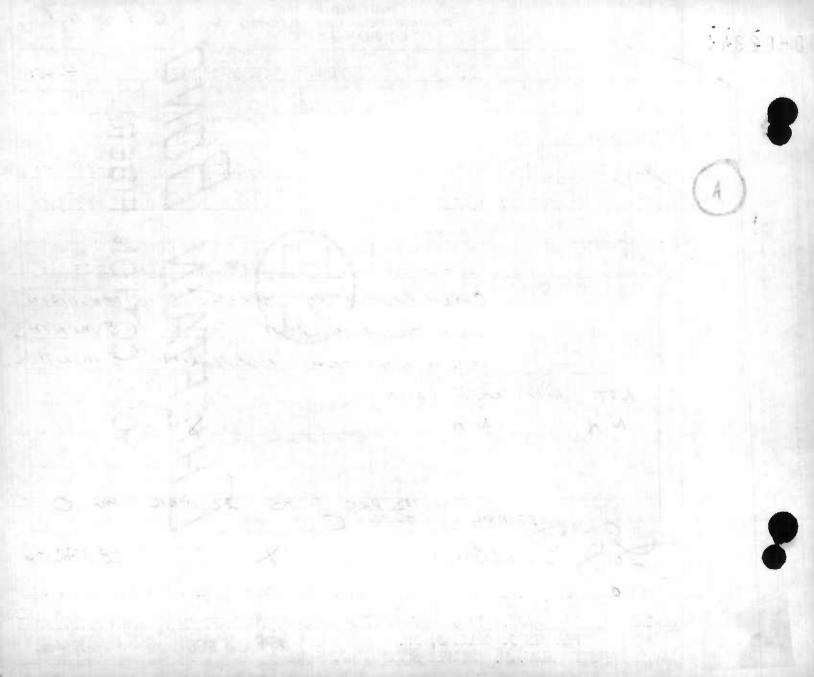
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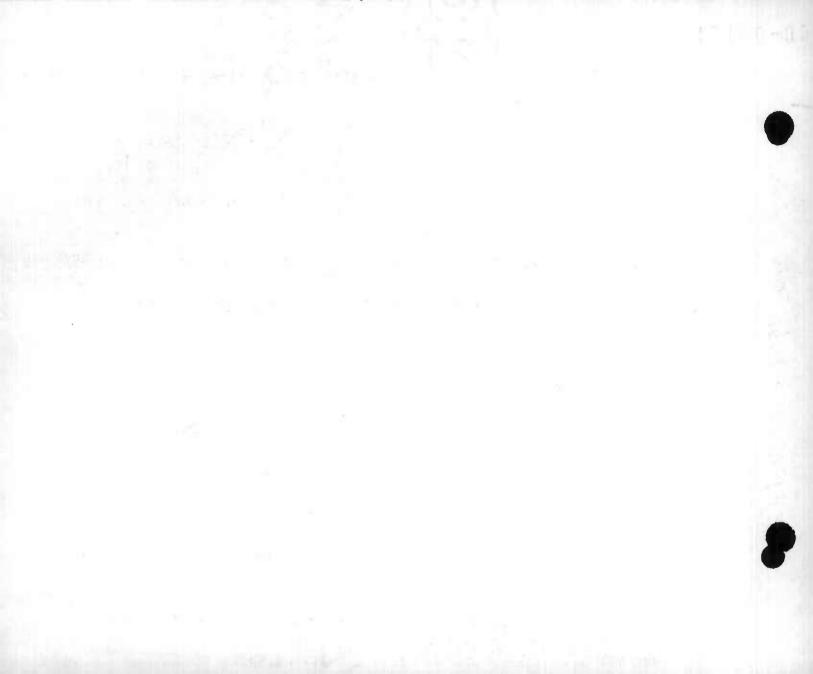
								MARYLAND			n 1	., .)	6	
00-02	0001	1-	FOR STATE			MEDICAL EXAMINER'S CERTIFICATE OF DEATH								
00-07	1040		REGISTRAR		MEI		NER'S	CERTIFICAT	E OF DE	ATH	REG. NO.			
			CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST			STI- X M	ONTH DAY YEA	R 26 HOUR	
320	ES.			BEA	TRICE		C	MITH		DEATH M	ATED 3	30-869	N	
95	1 5 E	3. SE)	4 R	ACE	5. DATE OF BIRTH	6. AGE (IN Y	EARS IF UI	NDER 1 YR. IF UI	NDER 24 HRS.	2c. DATE	MC	ONTH DAY YE	AR 2d HOUR	
R.≺	N S S S	Fe	emale	White	9 15	10/11 ///	RS.	HOU HOU	MIN,	PRONOUNCE DEAD		30-8619	:404	
SSA	STILL	7a B	RTHPLACE (STATE O	OR.	76 CITIZEN OF WE	AT COUNTRY?	8 MARR	IED NEVER A	ARRIED	9 BALTIMOR		OUNTY OF DEATH		
S S	S FOR YOUR FILES. WITHIN 72 HOURS W PRSTON STREET,		Ohi	0	U.	S. A.	WIDOV	_	ORCED	Montac	mora. C	'aımtı.	AAD	
Sign		10 C	TY OR TOWN OF	DEATH		PITAL, NURSING HOM	E, OR OTH	HER INSTITUTION	12a US	UAL OCCUPAT	ION (TYPE OF V	OUNTY VORK 126 KIND OF OR INDU	BUSINESS	
¥	PAGE BE FILED	Si	lver Spr	ings		CILITY, GIVE STREET ADDRESS)	tal		H	MOST OF WORKING	er	Domest	tic	
- 25	NOO	USUA	AL RESIDENCE (IF IN	NURSING HOME O	ROTHER INSTITUTION GIV	VE RESIDENCE BEFORE ADMISS	ION	ha mara an					0851	
AN AN	800	Ma S	ryland	Mont	gomery	Rockvill	е	13d. INSIDE CITY LIM	1130 130 516	1702 Gr	candin	Ave.		
MD. 2120	f t 1]4. F/	ATHER'S NAME					15. MOTHER'S A		F				
	23/3/	1	Albert		MIDDLE	Johnso	n	Mar	·v	A P	nes	M CMa	ahon	
NOW WOR	2 - T	16s. V	VAS DECEASED EV			166 SOCIAL SECURI	TY NO.	17 INFORMANT	0				20851	
SATTR DEA	250 V	{Y	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES]	288-38-6	409	L.Dale	Smith			Ave. Rock		
2 20	EAN /		18. CAUSE OF DE	ATH (Enter on	ly ane cause per line	fac (a) (b) and (c))							ATE INTERVAL	
15 H	284		PARTIDEATH	WAS CAUSED	BY:	Diabetes	malli	+110				BETWEEN ON	SET AND DEATH	
5 2	ON SERVICE SER			IMMEDIAT	(DUE TO, OR	AS A CONSEQUENCE		cus			-			
2 E	SET SE	2	Canditians, i											
W. W.	NA PAGE		gave rise t cause (a) stat	a immediate	(b)	AS A CONSEQUENCE	OF							
100	NAME OF		lying cause la	ist.			0.					40.		
8 00	ANCHA		PART 2 OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION CIVE	IN PART 1 (a)					
RECORDS UD BE EXECUTED	SA	Z						a constitution dive	THE PART I WE					
	A A A D	CERTIFICATION	19a DATE OF OPE	RATION	19b. CONDIT	ION FOR WHICH OPE	RATION	VAS PERFORMED?				20 AUTOP	SY?	
SHOU	E E E E	볼	-1-1-1									YES [
	MENT OF STATE OF STAT	100	210 EXTERNAL CA	AUSE WAS	21b TIME OF		21c H	OW INJURY OCC	URRED LENTER	NATURE OF INJURY	IN ITEM 18 PART 1] NO [X]	
2 52	HOW BE		UNDERLYING CONTRIBUTING			MONTH DAY YEA	R							
DIVISION OF	DE TANK	MEDICAL	214 INJURY OCC		21e PLACE C	DF INJURY (AT HOME,	21f. LC	CATION		74.				
VIO DE	25 E E E	2		OT WHILE C	STREET, FACTO	ORY, FARM, ETC.]		STREET		CITY OF TOWN		COUNTY	STATE	
12	STA STA		AT WORK AT								1			
要	SEE SEE	-				cribed abave, held an	Autap		ection K.	Inquiry L		my apinian		
AMM W	開発主義		death resulted fr	am. Natur	al causes X,	Accident L., S	vicide	, Hamicide	Under	termined manne	er L.			
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33	SA SA C		SIGNATURE	Juli	The Contraction	- Clarice	N	.D. Assist	ant_MED	PICAL EXAMINE	R S	IGNED 3-31-8	16	
9	FUNERAL FUNERAL FER DEATH FIRMORE		EXAMINER'S NAM	AE	Margarit	a A. Korel	1 .M C	1	11 Pen	n Stree	+			
0.5	PAGE AFTER BAGE	23a D	(TYPE OR PRINT)	I DEMOVAL I		23c NAME OF CE				DCATION				
-		(S	Buria		4-3-86			emetery		hardon,	Geau	ga. Ohio	STATE	
07/84 BP		24 FI	JNERAL DIRECTOR		. , 50							w ,		
	HMH = 17 A15 ME (5))		arzullo I		Service	Upperco.	Ma.		00 0	1 1986	would the	AR'S SIGNATURE	LEC.	
(VX	MIS ME (3))			-11-02-02	2011106	opperco,	11U •		APKU	1300	7			





00-00171	STATE OF MARYLAND 1 - STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO.
moy be poge 3 er deoth	DECEASED NAME (1YPE OR PRINT) PAUL A SMITH 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR SMITH MARCH 6 1984 8544 SEX 14 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
A Special Control of the Control of	MALE Caucasian May 30, 1927 58
death. Page	BIRTHPLACE (STATE OR FOREIGN TO LITIZEN OF WHAT COUNTRY? B. MARRIED WIDOWED DIVORCED DIVORCED MONTGOMERY MD.
# # # 8 W	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret. Army Lt. Col.
OF COSS within 24 hours etely filled in by 22 should be fill	JOUAL RESIDENCE IF NURSING HOM OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 38. STATE 134. CITY OR TOWN 134. INSIDE CITY LIMITS? Maryland Montgomery Silver Spring YES NO NO 138. STREET ADDRESS / ZIP CODE 8207 Garland Ave. 20912
MARYL Ompletely On 22 25	Glen FRST A. Smith Alice Hines
TIMORE, be executed on and or second	was deceased ever in u.s. armed forces? 16 social security no. 17 informant Address (VEYES UNKNOWN) (IF YEW. W. A OR D.T.T.) 265-34-3989 Joanne Smith, 8207 Garland Aye, Silver Spring
L RECORDS, 201 W. PRESTON ST., BAL Low requires that the death certificate in. has been signed by the alternation principle permit. Then please from containing principle permit. Then please from containing principle permit. The purpose from the permit of the permi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse 10st. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- DIALED 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION OF VITAL (C) C A A A A A A A A A A A A A A A A A A	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 210 PLACE OF INJURY (All INJURY OCCURRED WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased drive an obove, Haywe) (did) (did not) view the body ofter deoth. 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased drive an obove, Haywe) (did) (did not) view the body ofter deoth. 220.5 ST NA TE DEGREE ATTENDING PHYSICIAN DIRECTOR
	Norman H. Rubinstein, M.D. 1/16) New Hampshire Aus. Silver Spring Md 18. BURIAL CREMATION REMOVAL 1736 DATE 1236 NAME OF CEMETERY OF CREMATION 2366 DOCATION
BP DHMH - 16 50M 4/B3 (VRA 15, 4)	Burial 3-10-86 Oaklawn Cemetery Jacksonville, Fla. FUNERAL DIRECTOR PERSON Funeral AND Homes Arling Virginia 22201 Oaklawn Cemetery Jacksonville, Fla. 150 DATE REC'D. BY REGISTRAR' 258. REGISTRAR'S SIGNATURE Arling Virginia 22201

IAM II



FF 38 A B MODELLIAMS NO ACTO - out promotion to the first the first party of Contact the second of the seco A CONTRACT THE PROPERTY OF THE PROPERTY OF THE PARTY OF T

STATE OF MADVIAND

		,,,	12 01 111	MILLE	MILL	11.0	
EP	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	
	CEI	RTI	FICATE	OF	DEATH		

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40				

REGISTRAN				REG. N	O.			
1. DECEASED NAME FIRS	MIDI	DLE	LAST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	
LIN	DA ANI	N	SONNER	MARCH 29,	1986		10:45A	
3 SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS	
/ FEMALE	WHIT	E NOVE	MBER 6, 1950	35	YRS	DATS	HOOKZ MIN	
To BIRTHPLACE (STATE OR FOREIGH		AA A DD IS	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH		
Pennsylvania	U.S.	A. WIDOW		MONTGOMERY	COUNT	Y	M	
BETHESDA	MIH THE		ENTER	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemake)	ON OF WORKING LIFE!	12b. KIND O	F BUSINESS O	
VIRGINIA	Fairfax	e residence before admission; c. CITY OR TOWN BURKE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		RIVE	999	
FATHER'S NAME	MIDDLE	tAST	15 MOTHER'S MAIDEN NA	MIDDLE		LAST		
James	W.	Turner	Mary	Well		Turr	ner	
(YES, NO OR UNKNOWN) NO	ES, GIVE WAR OR DATES)	31-74-8301	BRIAN C. SON	NER (HUSBAN	IE AS P	т.		
IS CAUSE OF DEATH IEN PART I. DEATH WAS C			TION: UNCAL,	CONSILAR,	1	BETWEEN	MATE INTERVAL ONSET AND DEATH	
		S A CONSEQUENCE OF	CINGULATE	3 (8)		TELL	200 HTB	
Conditions, if any, when	ch (b) ME		IGNANT MELANON	1A		6 MON	NTHS	
gove rise to immedio couse (a), stating the underlying cause la	he DUE TO, OR A	S A CONSEQUENCE OF						
	ANT CONDITIONS CON	TRIBUTING TO DEATH BU	TNOT RELATED TO THE TERM	inal disease or con	DITION GIVE	N IN PART TO		
NO 196 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?	
2			To use a second	YES NO	YES		NO 🗌	
21a. ACCIDENT WAS UNDERLYIN	216. TIME OF INJURY 10. TIME OF INJURY 11. HOW INJURY OCCURRED (ENTER NATURE OF INJURY OCCURRED)					RT 1 OR PART 2)		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)

P.M.

21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that 1 (this haspital) attended the deceased from NOVEMBER sow the deceased alive on MARCH 29 above, the (we) (did) to the propose the body after death

DEGREE

211 LOCATION

and that in xing (our) opinion death accurred on the date and hour and from the causes stated

3/30/86

COUNTY

9.86

Greenes-

Cremation

NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER, BETHESDA, MD 20892 23¢ NAME OF CEMETERY OR CREMATORY

ATTENDING

CITY OR TOWN

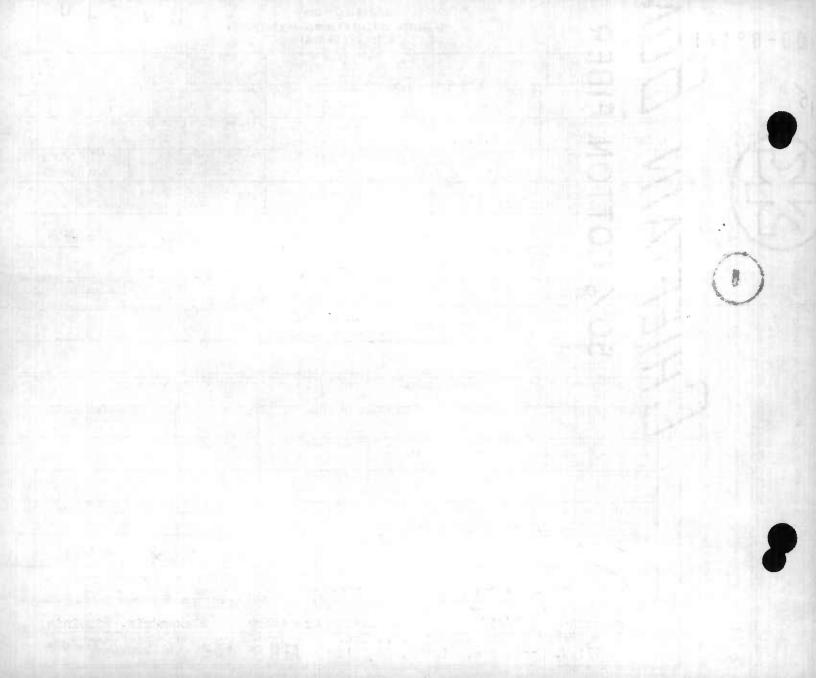
Metropolitan Crematory

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

Alexandria, Virginia 250. DATE REC'D. BY REGISTRAR'S IN REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Money & King Vienna F.H., Inc. 171 W. Maple Ave. Vienna, VA 22180

04/01/86

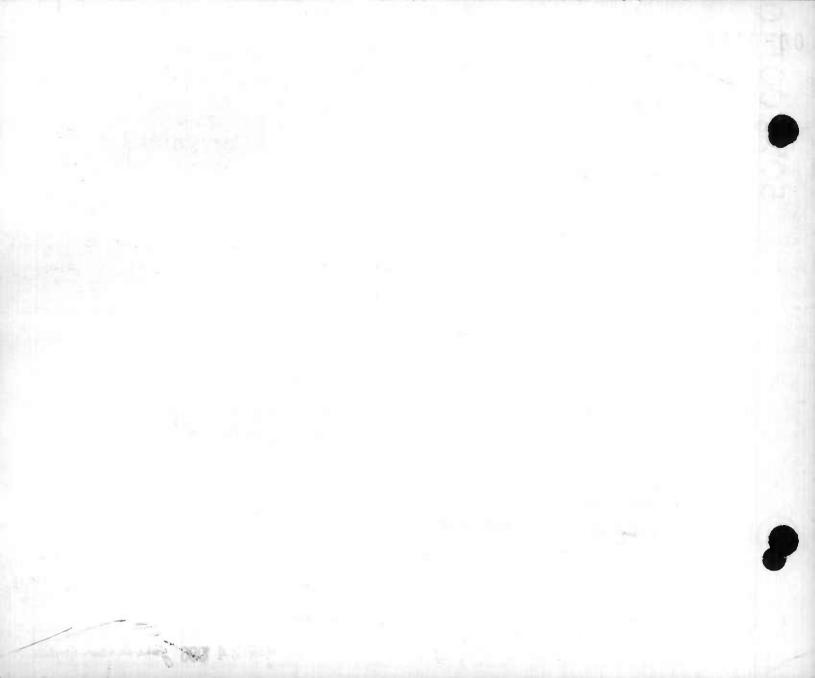


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTII	FICATE OF DEATH	H	REG. NO	D.		
. 1		PEASED NAME FIRST	į Mi	DD1E	LAST			MONTH DAY	YEAR 2	h. HOUR
7	ागव	BIF	trice	e SORON	KOUMOWSKY			3 20	86	2 40 M
	1. 5E)		4 RACE	5. DATE O	OF BIRTH H DAY YEA		6. AGE (IN YEARS LAST BIRT	(HDAY) IF UN		IF UNDER 24 HRS HOURS MIN.
	1	emale	W.	9	3	97	88	YRS.		
71	7a. Bil	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY? 8.	D NEVER MARRIE	n (X)	BALTIMORE CITY OF	R COUNTY OF	HTASC	1
		TUNKNOWN	45	WIDOW	ED! DMORCE	D 🗌	mongo	mery (allen	ly MD.
)	5	her Spring	Sylv	ospital, nursing home of facility, give street address of an and	C C C C C C C C C C C C C C C C C C C	DN	120 USUAL OCCUPATION	ON / EWORKING LIFE! IN	NDUSTRYNK	NOWN
5	USUA 13a S		GOMERY	SILVER SPRING	13d. INSIDE CITY LIM	YS?	13-2700 ABARKÉ	RIP STREE	T 2	20910
×	14. FA	THER'S NAME	WIDDLE	LAST	15 MOTHER'S MAID	EN NAM	MIDDLE		LAST	
		UNKNOW	N				UNKN			
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO.		(GUARI		WASHINGTO	,	
		NO		577-09-5233	THOMAS C.	TOOM	MEY,4708 WI	SCONSON		
-1		18 CAUSE OF DEATH (Enter or		ine far (a), (b), and (c).)	0 0				APPROXIMA BETWEEN ON	ATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDIA	D BY: IE C AUSE (a)	keart 7	ailure					
		Collision to the	DUE TO, OR	AS A CONSEQUENCE OF						
-1		Canditians, if any, which	(b)	Acute (UA.					
		gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUENCE OF						
-		underlying cause last.	(c)							
	_	PART 2 OTHER SIGNIFICANT	ONDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO TH	IE TERMI	NAL DISEASE OR CONE	DITION GIVEN I	PART Ita	
	ó									
9	IFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	106 IF YES, WE		
<	CERTIF			UTT			YES NO	YES [NO []
2	0.000	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF	INJURY N. MONTH DAY YEAR	21c HOW INJURY C	OCCURRE	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I	OR PART 2)	
	CAI	(IF EITHER NOTIFY MEDICAL EXAMINES		19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE O	F INJURY ET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	wn (COUNTY	STATE
	*	AT WORK AT WORK								
		22a I certify that (I) (this haspi				77.000	, to	19		at (I) (we) last
		saw the deceased alive an abave, (I) (we) (did) (did no	ti view the Gody o	the death.	nd that in (my) (aur) a	apinian de	eath occurred an the da	ite and haur and	From the ca	uses stated
		The Signature	11	144	DEGREE	Nu.10			22c. DATE SH	GNED
	1	" Lynou	× QE	mu	MY ATTEND		MEDICAL STAF		3/20	186
1	100.3	224. PHYSICIAN'S NAME (TYPE O	OR PRINTI		22e. ADDRESS				A-m	/
		Dr Myron	L-Len	Kin	2309 Sho	refi	eld Road.	Wheat	on m.	9 20902
		SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CREMA	TORY	23d LOCATION	ro	UNTY	STATE
		CDEMATION	3/21/8	36 METROPOL	ITAN CREMATOR	RY	ALEXANDRÍA,	VIRGINIA	20511	SIMIE
	24. FU	UNERAL DIRECTOR RICHAF	RD RAPP,	INC.	2		REC'D. BY REGISTRAR			RE
1	18	04 T ST., N.W., W	VASHINGTO	ON, D.C. 2000	9	M/	AR 24 1986	gohe De	vidoon-i	Adapte 182

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

3,

1908

DIVORCED

NOF

15 MOTHER'S MAIDEN NAME

5. DATE OF BIRTH MONTH

June

WIDOWED

Sosnoski 7a DATE OF DEATH

COVIDERS LAST BUT ADAYS 77 BALTIMORE CITY OR COUNTY OF DEATH

REG. NO.

AGCOMOTO

IF UNDER 1 YEAR

26 HOUR

MARRIED NEVER MARRIED Montgomery Co..

17e USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Naval Officer

6017 Neilwood Dr.

13e STREET ADDRESS / ZIP CODE

MICDLE

126 KIND OF BUSINESS OR U.S. Navy

20852

136 COUNTY Montgomery

MIDDLE John

I HE YES, GIVE WAR OR DATEST

IMMEDIATE CAUSE (o)

Harry

4 RACE

Caucasian

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Fernwood House

13c CITY OR TOWN

Rockville

Sosnoski 166 SOCIAL SECURITY NO

Alan

2011200

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Emilia 578-50-2193

17 INFORMANT

13d INSIDE CITY LIMITS?

YES KI

Galeziewski ADDRESS Same as 13

Brenda Sosnoski (daughter-in-law) APPROXIMATE INTERVAL

Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

DUE TO, OR AS A CONSEQUENCE OF

DUF TO OR AS A CONSEQUENCE OF

Mr. AUTOFSY!

NO

and that in imy laws opinion death occurred on the date and hour and from the causes stated

The DAME SIGNS

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

the DATE OF OPERATION

718 TIME OF INJURY HOUR A.M. MONTH

AT HOME STREET FACTORS OFFICE FARM, ETC.)

P.W.

TIE PLACE OF INJURY

THE HOW INJURY OCCURRED TENTER NATURE OF THE PROPERTY AND TORNALL TO YEAR

WE CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

27 AUDRESS

CITY OF TOWN EXPONENTS

VES T

NO FT

Blaine Fitzgerald, M.W.

21 Mar 86

8218 Wisconsin Ave., Bethesda, MD Value of CEMETERY OR CREMATORY 134 LOCATION Uniformed Services University of the Health Sciences

PHYSICIAN DIRECTOR T PHYSICIAN T

Bethesda, Maryland Stat

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Remova1

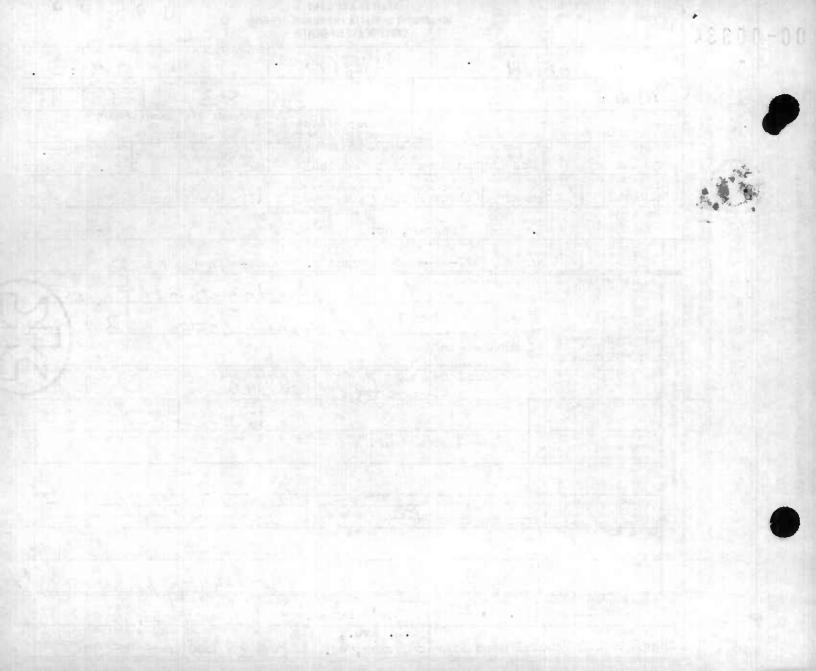
23a. BURIAL, CREMATION, REMOVAL

Capitol Funeral Service, Falls Church, VA

23b. DATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR SSIGNAR BEALE

to the contract of the contrac HOREHOMET IT. out of the second 6012 Lellwood Dr. 20882 Building viscoutcoll limitage is (smi-2-readignal) identity about 1017-0-878 C. Biston It would be and the control of the contro to work to the death of the last the state of the state of Tables of Persons Service, Balla Course, VA - samuel Service



DHMH - 16 60M 7/84 (VRA 15. 4)

BP

ld b

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burias

Francis J. Collins Jr. University Blud West Silver Spring

March

1986

23c. NAME OF CEMETERY OR CREMATORY

Parklawn

Rockville Montgombay 25a DATE REC'D.

IF UNDER I YEAR

INDUSTRY

COUNTY

22c. DATE SIGNED

3-1-16

STATE

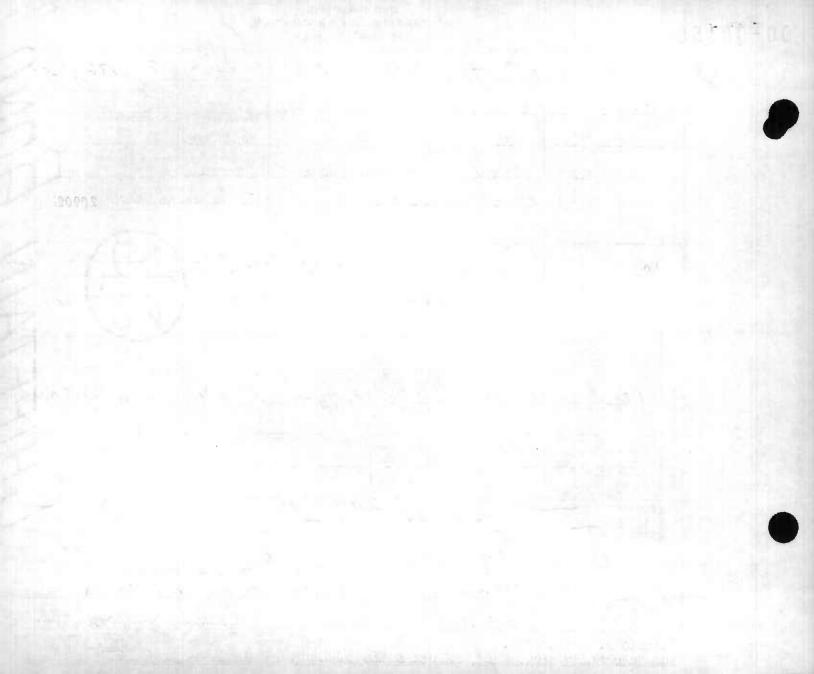
Mã.

that (1) (we) last

IF UNDER 2.1 HRS

12b. KIND OF BUSINESS OR

20902



							STATE	OF MA	RYLAND			6	0	.5 ,	5 5	
	1-	FOR STATE				DEPARTME				TAL HYGI	ENE	U	,			
11759		REGISTRAR			WE	DICAL EX	AMINE	R'S CE	RTIFICA	TE OF D	EATH	REG.				
00 01.99		CEASED NAM	E FIRST			MIDDLE	(\$75) FT	LA	ST		2a. DATE OF	KNOWN	X MO	NTH DAY	YEAR	ZE HOUR
3 % % & F.			Josep	hine		Sherida	n	Sta	hl		DEATH	ESTI-	0 :	3/27	1986	18:20
A DESCRIPTION OF THE PROPERTY	3. SE	(4 RACE	S DATE	OF BIRTH	VEAR 6	AGE (IN YEARS			JNDER 24 HE			NOM	NTH DAY		24 HOUR
DIRECOUR OUR ON ST	Fe	emale	White			1904	81 YRS	MONTHS	DAYS HO	OURS MIN	PRONOU DE AI			3/27	1986	12:30
A S S N N N N N N N N N N N N N N N N N	7a B	RTHPLACE (S	TATE OR	76. CITI	ZEN OF W	HAT COUNTRY		AAADDIE	X NEVER	MARRIED [9 BALTIA	MORE CITY	OR CO	UNTY OF		144
MECESSARY, PLEASE NNERAL DIRECTOR. FOR YOUR FILES. WITHIN TO STREET,	Pe	ennsyl	vania	Uni	ited	State	S	WIDOWE	-	NORCED [ntgom	nerv	Coun	tv	AAD.
OELAY IS NE 3 TO THE FUI IN PAGE 5. D. BEALLED, V ROSS, ZON W.	10. C	TY OR TOWN	OF DEATH	II NA	ME OF HOS	SPITAL, NURSI	NG HOME, C	OR OTHER	NOTITUTION	N 12a	USUAL OCCL	JPATION (ORK 12b K	CIND OF BU	SINESS
A PARK		Kensin	aton	1(1725 (Casper	Street			H	on most of wo	Ker		0.	wn Ho	ome
AIN P		L RESIDENCE	(IF IN NURSING HOME	OR OTHER IN	ISTITUTION, GI	IVE RESIDENCE BEFO	DRE ADMISSION) .							2 . 0	A Comment
21201 AND 3 TO RETAIN HOULD B		aryland	Mon	tgome	rv	13c CITY OR	ington		YES X N		.0725 C	ESS 'acnor	c+1	woot ⁹⁸	くりょ	73
9 - 2000		ATHER'S NAME			.1.7	I KC113	riigicon		5 MOTHER'S	MAIDEN NA	MF	asper	34	reet		
# E-129	0	Rarth.	olomew	MIDDLE		Sher			FIRST			MIDDLE		0.1	LAST	
0 00×40	16a. V	VAS DECEASE	DEVER IN U.S. AR				SECURITY N	10.	INFORMAN	ephin (So:	e n)	ADDRE	ss2 0 (SEI	ull	_
F SSSS /	(1	ES, NO, OR UNKNO	, , , , , , , , , , , , , , , , , , , ,	/A	(TES)	E70	70 60	67 1) a b a m t			_			trati	ion
2 MPESS /	-		F DEATH (Enter or		wa aar lina	13/0-	30-00	03 11	Robert	_ S.	Stant	, Dr	• •	Poto	mac,	MU
THE SECOND	7	PARTIDE	ATH WAS CAUSE	D BY.	Λο	cute my		h [e	cosco					BEI	TWEEN ONSET	AND DEATH
S SESSEE		112	IMMEDIA	TE CAUSI	(0)	AS A CONSE			ISCUSE					-	-	
# ZZ ZZ ZZ			ns, if any, which			ronic			dicasi	00						
W. WIT ENGLANDS			se to immediate stating the under		(~)	AS A CONSEC		ulai	u i sea.	3E.						
N. SAL-		lying cau		1	01 10, OK	NO N CONSE	POEIACE OF									
DS.: XECU 4G" 1 AND AND AND		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTI	(c)	SHT NOT BELATED	O THE TERMINA	LOSSESSE	B COMPLETION CHE	FIL IN BARY 1						
oc iii	Z				TO DEALLY	Non		ic district o	K CONDITION GIVE	EN IN PART 1 10						
RECOI TO BE I PENDI A A A A A D AS A HEALTH	ATIO	19a DATE OF	OPERATION	Ti.	96 CONDI	TION FOR WH		ION WAS	PERFORMED)?				120	AUTOPSY?	
SHOULD SHOULD SHOULD SHOULD SHOULD SHEFT / CHIEF / TOF HE USED URIAL.	CERTIFICATION	None	ρ.											20		
F VI	ERT		AL CAUSE WAS	2	16. TIME OF	FINJURY		21c HOV	V INJURY OCC	CURRED IEN	TER NATURE OF IN	UIIIPV IN ITEM	18 PART) (OR RARY 3)	YES 🗌	NO X
ON OF THE WEST WEST THE WEST WEST THE W		UNDERLYING	OR NG CAUSE OF			MONTH DA				None	TENTONE OF B	DOKT IN TIEM	10 / 861 1 0	JN F MN 2 2		
SH PAN SH	MEDICAL	214 INTUDY	CCLIPPED		P.M	n. Of Injury (7	THOME.	211. LOCA	TION	None						
S CER RRITIN RDED 3E 3 S FIE DEF	M.	WHILE	NOT WHILE [STREET, EACT	TORY, FARM, ETC.)		STRI			CITY OR TO	WN		COUNTY		STATE
E, WA										C0						
A PASSES SE		22a I certif	fy that I took char			scribed abave,	held on	Autopsy	L. Ins	pection	Inquiry	L	and in m	y apinion		
MAN PER		death resulte	ed fram. 1581u	ral causes	IXI.	Accident _	, Suicid	de 🔲,	Hamicide	Uni	determined m	onner	1.			
AN PERSON		ACTUAL /	//	1	11-				TITLE (SPECI				0	ATE		
SHEET		SIGNATURE	ALL .		/ ><	7	12	M.D		TY M	EDICAL EXAM	AINER	SK	GNED	3/27/8	36
S C S C S C S C S C S C S C S C S C S C		EXAMINER'S	NAME JO!	hn S	Roge	ers, M.	1		51	JAPA C	inary pring,	Mont	· a ome	wy C	ounty	Md
TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE A SHOUND BE OF A SHOUND BE OF A FIELD DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND TO MARYLAND TO MARYLAND TO THE OFFICE OF THE OFFICE OFFICE OF THE OFFICE OFFIC	22a D	(TYPE OR PRIN										ווטוונ	.goille	ry C	ounty	, Mu.
	230.6	PECIFY) BUI	rial				E OF CEME				LOCATION ITY OR TOWN	1.1		COUNTY	STA	TE
07/84 BP	24 FI				1986	KOCK	VILLE	Ce	meter	V R	ockvi	IIe	GISTRAF	O'C CHENIA	Mary	land
DHMH - 17 (VR A15 ME (5))	D	NAME A 7.0	TOR Rober	LA	ADDRESS	upnrey	Fune	eral	Home		1986	AR 256 REG	Mit sile	X MSA	State.	
(AK WID ME (2))	P	.A. 30	0 W. Mc	ntgo	omery	y Ave.	Rock	cvi1	le, Mi	D	U					

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CEKITE	ICATE OF	DEATH		REG. NO.				
		CEASED NAME	FIRST		MIDDLE	l.	AST		2a. DATE OF	DEATH ME	HINC	DAY	YEAR	26 HOUR
0	CLOSE	C# PRINT)	JOHN	PA	ATRICK	S	TAUBS			MAR	CH	23,	1986	1:25 p
	1. SE)	X.		4 RACE		5 DATE C			6 AGE INY	E ARS LAST BIRTHE	AY)	IF UN	DER 1 YEAR	IF UNDER 24 HRS
		MALE	34	WHI	ΓE	JUNE		1917	68		YRS		HS DAYS	HOURS MIN.
-	7a.30	RIHPLACE PRATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER	MARRIED	9 BALTIMO	RE CITY OR	COUN	TY OF I	DEATH	
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1	1	ITY OR TOWN OF DEA	TH		HOSPITAL, NURS IN HEACILITY, GIVE STREET	ADDRESS)			TYPE OF WOR	OCCUPATION	VORKING			
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5	13n. S		13b COU		GAITHERS	N	13d INSIDE (NO [ADDRESS / Z URNHAM				20760
2	14.FA	THER'S NAME	- 34	WIDDLE	LAST		15 MOTHER	S MAIDEN NA	WE	MIDDLE	31		LAST	T
9		Robert			Staubs			ona				I	Kelly	
1		VAS DECEASED EVER		RMED FORCES?	166 SOCIAL SECUI	RITY NO	17 INFORM	ANT		ADDRESS				
		Yes	W.W.	II	236-14-8	125	MRS.	VIRGIN	IA B.	STAUBS	(W	/IFE)	SAME
		18 CAUSE OF DEATH	H (Enter a	nly ane cause per	line lar (a), (b), and	diet.							BETWEEN	MATE INTERVAL DISET AND DEATH
		PART I. DEATH W		TE CAUSE (a)	Coronary	y art	ery di	sease						
					R AS A CONSEQUE	NICE OF							100	
		Canditians, if any,	which	00000	Severe .	left	and ri	ght hea	rt fai	lure				
		gave rise to immediate												
		underlying cause last. DUE TO, OR AS A CONSEQUENCE OF												
		DARKS CHIERCICA	11515117	(c)										
	Z	PART 2 OTHER SIGN	VIFIC ANT	CONDITIONS CC	DATKIBUTING TO L	EATH BUT	NOT RELATE	O TO THE TERM	IN AL DISEAS	E OR CONDI	ION	JIVEN II	V PART TIC	31
-	CERTIFICATION	190 DATE OF OPERAT	ION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20e AUTO	OPSY?	20b. IF '	YES. WE	RE FINDIN	NGS USED
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	MEDICAL	21d. INJURY OCCURR		218 PLACE O	EET, FACTORY, OFFICE FA	ARM ETC)	211 LOCATI	I ON		CITY OR TOWN	1		COUNTY	STATE
		AT WORK AT WOR												
		220.1 certify that (X	(this hasp	MAD CIT	e deceased from F	EBRUA	ARY 16,	_, 19 <u>86</u>	to _MA					that X (we) last
		saw the decease above, (K (we) (d	ed alive ar	MARCH New the bady	after death.	. ar	nd that in XX	(aur) apinian	death accurre	d an the date	and h	aur and	I fram the a	causes stated
		77h SIGNATURE	0. 1	1 /			DEGREE						22c DATE S	
		Just	. 4	under	schuir	D Ju	0	ATTENDING PHYSICIAN [DIRECTOR	STAFF PHYSICIA	N	-	3-2	3-86
7	1	278 PHYSICIAN'S NA	AME (TYPE	ORPRINTY			22e ADDRE	NATTON	IAI TNO	מידוויד די:	SC	F H	EALTH	1, 9000
		JOHN	P. K	SEED	SCHWED	. de.P	DOCKE	TLLE, I						
	23a. B	SURIAL CREMATION	REMOVAL				EMETERY OR	CREMATORY	23d LOC/	TION	A	MAR	TUAND	20032
	(SPECIF Burial			7,1986Fai				CATH	ORTOWN	ffe	rec	VINITY TO THE	irginia
			1						E REC'D. 8Y R					
1	D A	NERAL DIRECTOR RO	Doert	A. Pump	hrey Eune	eral 1	Homes,	4.4.4	FX -				CONTO THE	
	F . F	1., 300 W.	riont	gomery A	ve. Rocky	7111e	.Marvla	and min	1100	JOIL JU	100		Dag - all.	. 3

P.A., 300 W. Montgomery Ave. Rockville, Maryland

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

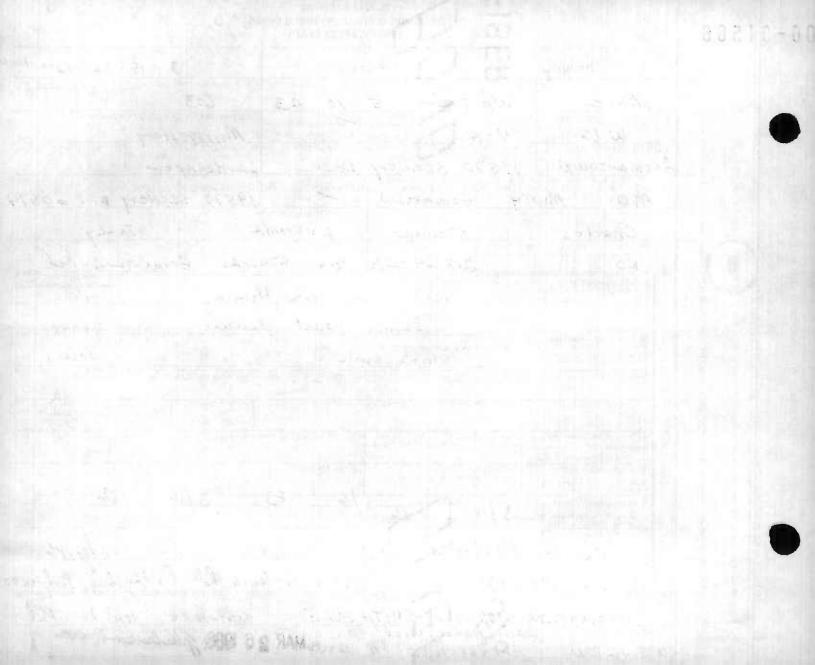
1	REGISTRAR		CENTIFICATE	OFDEATH	REG. NO.	
1	1 DECEASED NAME FIRST	WIDDIE	ŁAST		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ı	ITYPE OR PRINT) Mary	Mahoney	Stegall		3	27 86 11:00PM
I	3 SEX	4. RACE	5 DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
1	Female	White	August	18,1904	81 YRS	
J	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	EVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
1	Washington D.C.	USA	WIDOWED	DIVORCED	Montgomery Co	
4	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS)	ER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
4	Bethesda	7304 Burdette C	court	L. C.	Housewife	Own Home
1	None None	NTY 13c CITY OR TOWN	on DO YES	XXX NO []	130 STREET ADDRESS / ZIP COI 4820 Davenpor	t st. N.W.
d	FIRST	MIDDLE LAST	15 MC	OTHER'S MAIDEN NAM	MIDDLE MIDDLE	LAST
A	Lawrence And			samond	Emma	McDonald
4	(YES NO OR UNKNOWN) (IF YES GIV	F WAR OR DATES)		ORMANT Daugh		rdette Court
4	NO	578-46-	7838 Cat	herine B.	Hopkins Bethesd	a, Maryland
I	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	nly one couse per line far ial, (b , and	dicti	A .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		TE CAUSE (a) KESPIRI	4TORY	ARREST		mmedicite
1		DUE TO, OR AS A CONSEQUE	NCE OF	•		The second second
1	Conditions, if ony, which gove rise to immediate	(b) Holas	tic Ay	remia		3 mo
1	cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF			1-7 -0 9 9
1	Visit and the second se	(0)				
ı		CONDITIONS CONTRIBUTING TO D	1 1			EVEN IN PART 110
-	90 DATE OF OPERATION	196 CONDITION FOR WHICH		PERFORMED		ES, WERE FINDINGS USED
1	90 DATE OF OPERATION		0.511/1.011 11/13	TEM OWNED	IN CERT	TIFYING CAUSES OF DEATH?
d	10 ACCIDENT WAS UNDERLYING		21c H	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM IS	
1	OP CONTRIBUTING TO CALISE OF DEA		Y YEAR			
ı	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19 211 10	OCATION		
1	ORK NOT WHILE	(AT HOME STREET, FACTORY, OFFICE FA	ARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
1		ital) attended the deceased from_	706	10 83	10 3 -27	. 19 86, that (It (we) last
1	saw the deceased alive an	3 - 25	86, and that	n (my) (aur) opinion d	leoth accurred an the date and he	
ı	22b. SIGNATURE	I wew the body after death.	DEGREE			22¢ DATE SIGNED
ı	Tretun	h Al Ban	· MA.	ATTENDING PHYSICIAN E	MEDICAL STAFF	3 27-86
1	224 PHYSICIAN'S NAME (TYPE O	PRPRINT)	22e A	DDRESS	- The second of	
	FREDERICK	6. BARR	5	454 415	consiN Ave	, Chest Chase MI
1	23a BURIAL, CREMATION, REMOVAL	/	AME OF CEMETER	Y OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
1	Burial			c Cemetery	Washington D	. C.
	24 FUNERAL DIRECTOR DeVol	Funeral Home Inc	. (h)	M DATE	REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
-	2222 Wisconsin Av			2/44PR 3	1988 400 w Davis	dur-forriers

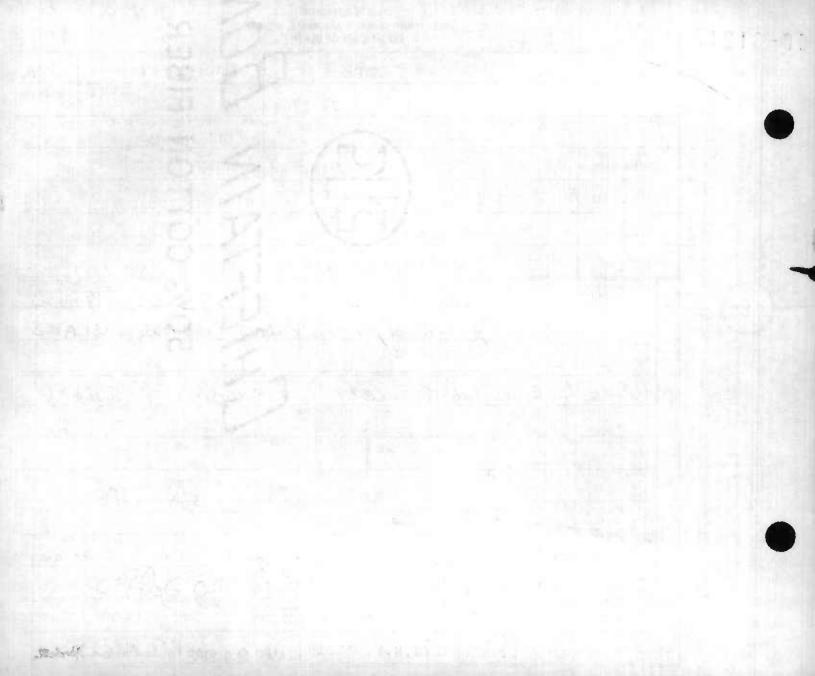
DHMH - 16 60M 7/84 (VRA 15, 4)

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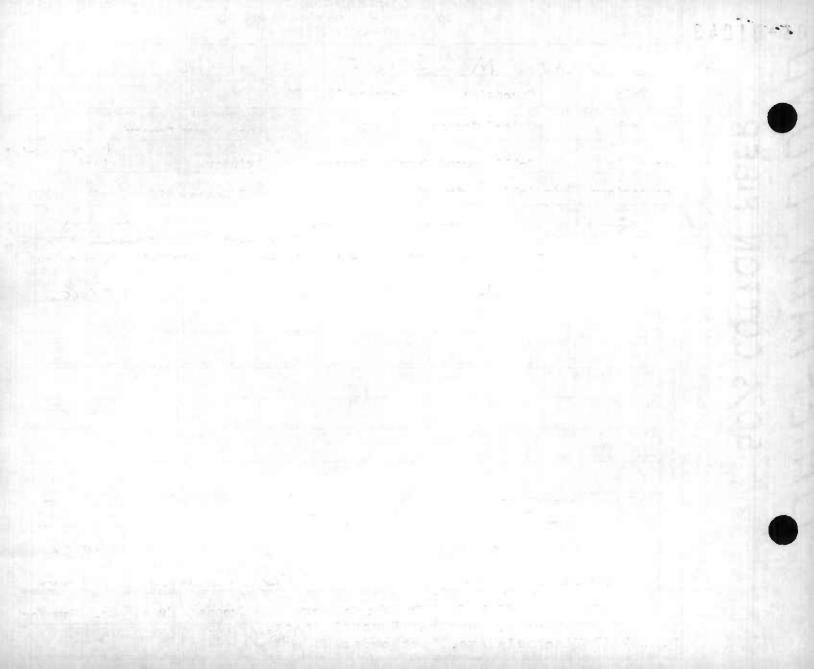
MALON DAVIS CANDO C. Market B. Cova 222 Property St.

0 -	01566	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENG 6	0 9	3 3	3 8
	m. 5		CEASED NAME FIRST	WIDDLE	- 1	Ctovare	20. DATE OF DEATH		AY YEAR	26 HOUR
	noy be poge 3		Ineluin	ß	Stev			3 - 19	- 86	1200 M
7	s offer	3 SE	MALE	4. RACE	5. DATE C		6 AGE (INYEARS LAST		WE UNDER TYEAR	HOURS MIN.
	oth. Pogerol director		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT C	OUNTRY? 8. MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
-	offer de y the fun led within	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION E		MD. DF BUSINESS OR
MARYLAND 2120	I within 24 hours pletely filled in b nd 2 should be fi	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 138 COUT	NTY 13c CIT	YORTOWN	13d INSIDE CITY LIMITS? YES PNO 1 15 MOTHER'S MAIDEN NA	AME	S / ZIP CODE	LAS	20874
BALTIMORE, M	R		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOVE WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	ADD	RESS	Tava)	nol.
, 201 W. PRESTON ST., BA	ires that the death certification and by the attending properties or phonon properties of the properti		PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A C	Jentricul CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF		Unia desecui	ONDITION GIVE	ye. Ye	ans
AL RECORDS	ne low required by the second	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	
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IVISIO	offen this of the bush ond M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU		211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	ATTENDIN Ispitol or CTOR A of for use of Heolin		22a I certify that (I) (this hasp sow the deceased alive on , (I) (we) (did) (did no	3/18	oth. 19 86, or	d/that in (my) (our) opinion	deoth occurred on the	dote and hour	and from the	
	HOSPITAL OR A ned by the hos FUNERAL DIRECTOR A new Jud be deroched the State Dept.		276. ATURE 22d F LO CIAN'S NAME (1YPE C	Melus	of my	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL ST	AFF SICIAN [3/15	P/M6
	TO HOSPITA TO FUNERA should be di with the Sta	224	BUMAL CREMATION, REMOVAL	elvich	In NAME OF C	16220 Fred	lerich Rol-	Gaith	usbuy,	mol 20877
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	DHMH - 16 50M 4/83 (VRA 15, 4)	14 F	UNERAL DIRECTOR NAME C #14 TO D	BALNETU	ADDRESS ME	JOBS SMAR	26 1996	LA James	AR'S STAN	





		FOR items	136	17.	DEPARTI		E OF MARYLAND EALTH AND MENTAL HYG	ienes 6	0 9	3 4	4 U
00-01843	1.					CERTIF	ICATE OF DEATH		G. NO.		
- · · ·		CEASED NAME OR PRINT)	FIRST		MIDDLE	L	AS1	2a DATE OF DEA		DAY YEAR	26 HOUR
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e 4 no	1 58	Male		4 RACE Caucas	ian	octo	ber 18,1895	6. AGE (IN YEARS IN	ST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS. HOURS MIN.
Od the 12 199		RTHPLACE (STATEOR	FOREIGN		what COUNTRY? States	8 MARRIEI WIDOWE	DEVERMARRIED DEVERMARRIED DEVERMARRIED	9 BALTIMORE CI	TY OR COUNTY		AAD
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ND 212	176	AL RESIDENCE (IF NURS STATE nnecticut	W COUR Fair			ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADOR 285 Bott	IIMI ESS ZIP CODE TI dge		06430
MARTIN MARTIN	14 FA	George		MIDDLE Streit			15 MOTHER'S MAIDEN NAME Theresa			w(hnknown)	
3		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) YeS WW		MED FORCES?	053-09-9		17 INFORMANT (Dau Regina Zimme		airfield	octom)	Ridge Road
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HOSPITAL OR ATTERNED BY the Hospital DIRECTO and be demached for the States Depth of ORTANT. If here 21		saw the decease above, (I) (we) (c) 22b SIGNATURE	Dhy	ms &	Last	ey W	22e ADDRESS 179	MEDICAL DIRECTOR PH	STAFF LYSICIAN []	3/29 3/29	SIGNED .
0 € 2 € 1 % —— BP		BURIAL, CREMATION,	removal 1	April .	1, 1986 S	t John	METERY OR CREMATORY Cemetery	23d LOCATION Queens	^ Oueer	COUNTY	NOW YOUR
OHMH 16 00M	24 FU P.	A. NAM7557	Robe Wisc	rt A.	Pumphrey Ave., Be	Fun	da, MD	31 1986	RAR 256 REGISTI	RAR'S SIGNATI	IREALO



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ARA POLO POLO POLO POLO POLO POLO POLO POL			asian Ser	ot. 19	,1985	rs. E	3			EAD	3/		36 P M
A SEE SEE	/o B	IRTHPLACE STATE OR DREIGN COUNTRY)	/6. CIT	IZEN OF WH	AT COUNTRY?	MARR	ED NEV	ER MARRIED	X 9 BAI	TIMORE CIT	TY OR COUN	TY OF DEATH	
NEGESSARY, PLEASE FUNERAL DIRECTOR. E S EQR YOUR FILES WITHIN 72 HOURS A PRESTON STREET.		Maryland		ited S		WIDOV		DIVORCED	1.7		ery Co		MD.
- EMB	-10 C	ITY OR TOWN OF DEA			PITAL, NURSING HON		IER INSTITUT	TION	FOR MOST OF	WORKING LIFE)	TYPE OF WORK	12b KIND OF OR INDU	BUSINESS STRY
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ある第一]	Maryland	Montgome	ery	Germantow	n	YES 🗌		18320 '		Lane	20874	
35	14. F	ATHER'S NAME	WIDDLE		LAST			R'S MAIDEN	NAME	WIDDLE		LAST	
	1	Todd	A.		Stup			nirley		K.	(argan	
WITH FORM PM	16a.	WAS DECEASED EVER	IN U.S. ARMED FOR	RCES?	166. SOCIAL SECURI	TY NO.	17. INFORM	MANT		ADD	RESS		
VISIG		No			None		Todd	A. Stu	up fatl	ner s	ame as	13e	
E, DI		18 CAUSE OF DEAT PART I DEATH W	H (Enter only one co	ouse per line	or (a), (b), and (c).)				TEN	N.O		APPROXIM BETWEEN ON	ATE INTERVAL
5 ¥ ≈ Z i		TANTIDEATH	IMMEDIATE CAUS	E (a)	Sudd	en Il	Ifant I	Death S	Syndro	me			
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		cause (a) stating lying cause lost.	the under-	DUE TO, OR	AS A CONSEQUENCE	OF					130	4 21 11	
URIAL NO M				(c)									
AAA	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH B	UT NOT RELATED TO THE TER	MINAL OISEAS	E OR CONDITION	GIVEN IN PART 1	I (a).				
AS A ALTH CREM	CERTIFICATION												
	CAT	196. DATE OF OPERA	TION	19b. CONDIT	ON FOR WHICH OPE	RATION V	AS PERFOR	MED?				20. AUTOP	SY?
BE USED NT OF HI BURIAL												YES C	NO
NAC.	3	UNDERLYING		HOUR A.M.	MONTH DAY YEA	R 21c. H	OW INJURY	OCCURRED	(ENTER NATURE	OF INJURY IN ITE.	M 18 PART T OR F	ART 2)	
E 3 SHOULD BE I	MEDICAL	CONTRIBUTING	AUSE OF DEATH	P.M.	19								
TE DEP	AEDI	ZId. INJURY OCCURR		TE PLACE O	FINJURY AT HOME, DRY, FARM, ETC.)		CATION		CITY	R TOWN		OUNTY	STATE
~ ~ ~	~	AT WORK AT W	ORK						Ciil C				STATE
		220 I certify that I	took charge of the	remoins desc	ribed abave, held	Autor	sy XX	Inspection], Ingi	uiry 🗍	and in my a	Dinion	
DIRECTOR: (, WITH THE MARYLAND,		death resulted from		afficial control		uicide _	, Homici		Undetermine		7.	·	
ARY		tun.		V	17		TITLE (SP			o.mer _	"		
JE.S.		ACTUAL SIGNATURE	X			A.	,	istant	MEDICALE	V 4 44 IN 15 0	DATE	3/22	/86
SEA SE		MONACO MANA			3 3		.U. <u>1100</u>	2000110	_MEDICALE.	KAMINER	SIGN	ED	
A SEE		(TYPE OR PRINT)	Gregory	v R. K	auffman, M	.D.	ADDRESS	111	Penn	St.			
PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BAILTIMORE, MARYLL	23a.E	URIAL, CREMATION, RI	EMOVAL 236. DATE	March	23c. NAME OF CE			RY	23d LOCATIO	N		L IV	
	1	Burial		1986	Gate of	Heav	en Cem	neterv	Silve			Mary1	and
MH - 17	24. F	UNERAL DIRECTORO			y Funeral	Home	s.P.A	So. DATE REC	D. BY REGIS	TRAR 25b R	EGISTRAR'S	SIGNAJURE	40
15 ME (5))		00 West Mon		- Dicos			,	MAK 2	26198	6 gula	Davido	Marklan Bran	
	Park.			*****	The state of the s	20	850				-		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

DHMH - 16 60M 7/84 (VRA 15, 4)

1331 Rockville Pike, Rockville, Maryland 20852

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Lelia Davidson-Randale

NASA

Mary

1 m

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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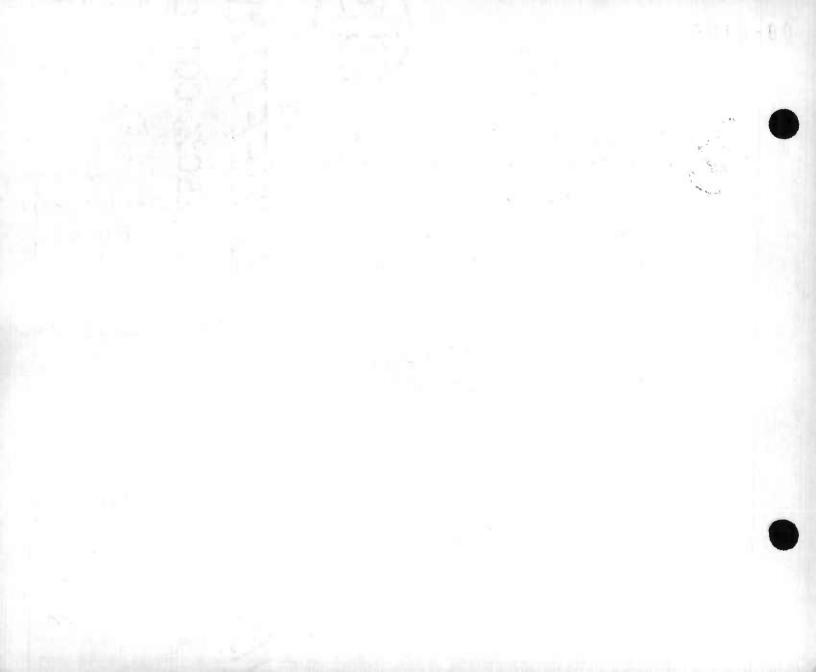
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nay be page 3		CEASED NAME FRST OR PRINT) MARY II. RACI	AGNES	Syllivan 5. DATE OF BIRTH	20 DATE OF DEATH MONTH 2 5 6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR SI 86 GAM M IF UNDER 1 YEAR IF UNDER 24 HRS
director.	To R	Famale Co RTHPLACE (STATE OR FOREIGN 76. CITI	RUERSIAN ZEN OF WHAT COUNTRY?	5 26 04	& 2 years YRS.	MONTHS DAYS HOURS MIN.
death. P	1	18A - Phila	USA	MARRIED NEVER MARRIED WIDOWED NORCED HOME OR OTHER INSTITUTION	Set weld	MD.
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in 24 hours ly filled in should	13a	10 Mont	STITUTION, GIVE RESIDENCE BEFORE A	(a YES NO	130 STREET ADDRESS / ZIP COD 572) GVOSUEN	or lane 20814
maker within ond 2 s		JAMES T.	GAVIN	15. MOTHER'S MAIDEN NA	MIDDLE	BRISSON
on and co	160 \	VAS DECEASED EVER IN U.S. ARMED FO YES, NO OR UNKNOWN] (IF YES, GIVE WAR OIL NO			Yorki 901 Rha	de Island Ave.
Trificate physicic andopers emoval.		18 CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE)	land	in ares	1	BETWEEN ONLY AND DEATH
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equires the signed I	NO	PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DE	ATM BUT NOT RELATED TO THE TER	VINAL DISEASE OR CONDITION GI	VENTO PART Ito
he low re on. hos been t permit.	CERTIFICATION	19a. DATE OF OPERATION	CONDITION OF WHICH C	PERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
iCIAN: Til g physicic errificate rial-transit			TIME OF INJURY OUR A.M. MONTH DAY P.M.	YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
IG PHYS offerding for this c s the bur and Me riked of the contractions of the contrac	MEDICAL	21d INJURY OCCURRED 21e	. PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FAI	211. LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TOR: Af- for use of thealth		22a I certify that (I) (this haspital) atte saw the decrases able on above, (I) (to the part of the I) view to	he body after death.	. 19	death accurred on the date and ho	ur and Iram the couses stated
by the hos ERAL DIREC detached State Dept.		22b. SIGNATURE	hod	DECREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE/SIGNED
HOS Sined Suld b		22d PHYSICIAN'S NAME ITYPE OR PRINTS	ARD 611	6 Rowins	of Bether	le 20817
P € P € § €/	230.	DURIAL CREMATION, REMOVAL 23b. I	DATE 231 NO HOLE 231 NO	AME OF CEMETERY OR CREMATORY	23d. LOCATION USITY OR TOWN UEADON	COUNTY PA
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	INERAL DIRECTOR NAME LECK FUNERAL III	7601 SAN ADDRESS	Dy Spaing R. 250. DA	TE REC'D. BY REGISTRAR 256 REGIS	



00-02629

STATE OF MARYLAND - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH 86 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 96 BALTIMORE CITY OR COUNTY OF DEATH

TO BIRTHPLACE I STATE OF FOREIGN Minnesota

1136 COUNTY

Montgomery

MIDDLE

4 RACE

MARRIED NEVER MARRIED DIVORCED

126 KIND OF BUS BESS OR

Government

REGISTRAR

HARRY

DECEASED NAME

TYPE OR PRINTS

Bethesda

13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

OR OTHER INSTITUTION

13e STREET ADDRESS / ZIP CODE 4607 Roxbury Drive/ 20814

Maryland August

13g STATE

CERTIFICATION

LAST

4720 Montgomery Lane Bethesda, Maryland 17 INFORMANT (Attorney) Clarence Keiser

W.W. I Yes

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one cause per line far (a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last.

190 DATE OF OPERATION

DUE TO OR AS A CONSEQUENCE OF

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g PART 2 OTHER SIGNIFICANT CONDITIONS

21m ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH

TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY OFFICE FARM ETC !

NO YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2)

20a AUTOPSY?

21d INJURY OCCURRED

21e PLACE OF INJURY

211 LOCATION CITY OR TOWN COUNTY STREET

AT WORK AT WORK 220 I certify that (1) (this hospital) attended the deceased from

abave, (1) (we) (did) (did nat view the bady after deat)

and that in my DEGREE

aur) apinion death occurred on the date and haur and from the couses stated

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

22e ADDRESS

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN [

Alexandria

STATE

23a BURIAL CREMATION, REMOVAL Burial

23c NAME OF CEMETERY OR CREMATORY April 2,1986 Ivy Hill Cemetery

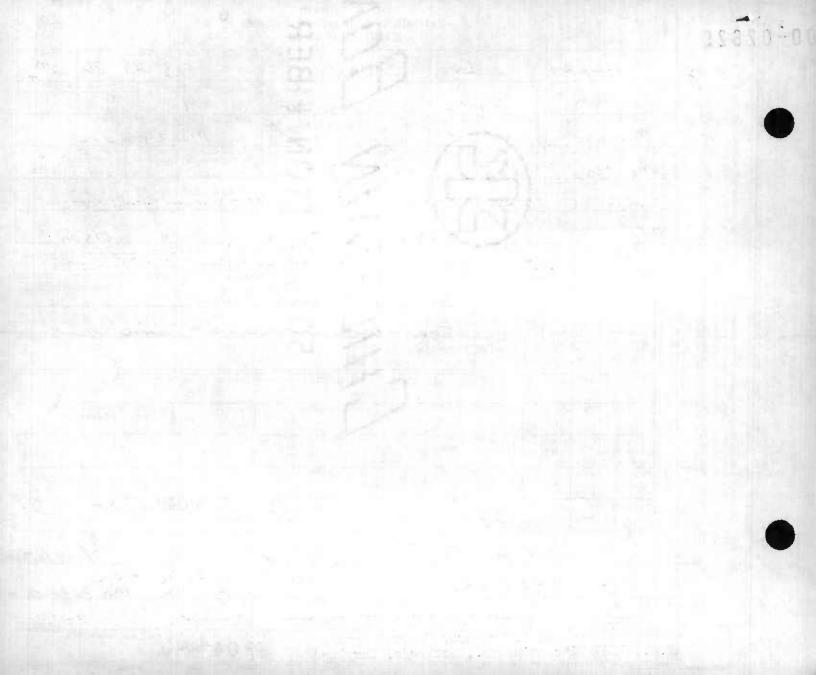
d b ORT

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes. P.A. 7557 Wisconsin Ave., Bethesda, Maryland

ALLICE

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR SIGNATUR



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713670 Tavier Toward To

FOR = STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE CERTIFICATE OF DEATH

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- 11		1120101111111						REG. N	0.		
		CEASED NAME	FIRST		MIDDLE	The Paris I	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	(IAbE	OR PRINT)	Franc	es	C.		Taylor	Ma	arch 14	1986	10:00p
1	3 SEX	(4 RACE		5 DATE C		6. AGE (IN YEARS LAST BE	(THDAY)	ONTHS DAYS	HOURS MIN
5		'emale		White		May		80	YRS.		MOOKS MIN
27	7e. 88	CHATE OF	OREIGN	76 CITIZEN OF		RY?	D NEVER MARRIED	9 BALTIMORE CITY	_		
1		shington, I		U.S.		WIDOWE	DIVORCED	Montgom		inty	MD.
K	line .	TY OR TOWN OF DEA		(IF NOT IN SUC	HIFACILITY, GIVE ST	REET ADORESSI	OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND OF	F BUSINESS OR
1	401 1	akoma Park		Heritag	ge Healt	hcare C	enter	Housewife	Э	Но	me
-	13a S	AL RESIDENCE (IF NURS STATE aryland	136 COUN		Rocky	OWN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 199 Rolli	ZIP CODE	nue #52	26 20852
5 1		THER'S NAME	1110110	gomery	100111	1110	15. MOTHER'S MAIDEN N		110 12701	140 1102	10 20002
1		William		MIDDLE	Collin	ns	L'illian	WIDDLE	W	halen	Đ.
		VAS DECEASED EVER			166 SOCIAL SI	ECURITY NO.	17 INFORMANT	18497R	Allenie	a Drive	9
	(1	NO OR UNKNOWN)	(IF YES, GIV	/E WAR OR DATES)	578-40	-5765	James A. T	aylor Germa	ntown,	MD 20	1874
		18 CAUSE OF DEATH	H (Enter ar	ly ane cause per	line far (a), (b)	, and ic .1				BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		ID BY: TE CAUSE (a)	cardi	46 CE	most		17.	121	nu
1		15 C S S S		DUE TO: O	R AS A CONSE	OUENCE OF				18313	
		Canditians, if any,		((b)	cunq.	entiul		redeve		6 W	realls
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1		underlying cause	last	(c) (where	Solwi	por hear cle	sace.		1 50	15
	2			CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER		IDITION GIVE	N IN PART 110	3
	101			0			ender				
2	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
3	RTE							YES NO	YES		NO 🗌
5	1.55	210. ACCIDENT WAS UND		110110 4	M. MONTH	DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
ζ.,	2	(IF EITHER NOTIFY MEDIC	AL EXAMINER	P.		19			150		
34	MEDICAL	216 INJURY OCCURR		21e PLACE	OF INJURY	ICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
ı	^	AT WORK NOT WH	RK -								
		220:1 certify that (1)							Coul, 19		that (D (we) last
		saw the decease abave, M(we) (a	d alive an	it) view the bady	alter death.	9 <u>26</u> , ar	nd that in (my) (aur) apinia	in death accurred an the d	ate and have	and from the o	causes stated
		226 SAGMATURE	1.	1, 1			DEGREE			22c. DATE	
		101	wi	il lege	use	4		DIRECTOR PHYSIC	SIAN 🗌	3/15	5/86
611		22d PHYSICIAN					22e ADDRESS			- 0	
		John M.	Wym	an			7801 Prince	Phillip Dr.	#301 Ol	ney, M	D 20832
		SURIAL CREMATION,	REMOVAL				EMETERY OR CREMATORY			COUNTY .	1 STATE
		Burial		3/18	/86	Gate of	Heaven	Silver Spi	ring, M	arylan	d

DHMH - 16 60M 7/84

1331 Rockville Pike Rockville, Maryland 20852 (VRA 15, 4)

250. DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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		I-OE	CEASED NAME	FIRST		MIDDLE		LAST		R 20. DATE OF DEA	EG. NO.	DAY YEAR	T2b HOUR
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	10	1.5E			RACE	57.		OF BIRTH	-	6. AGE (IN YEARS)		IF UNDER TYEAR	# UNDER 2 JURS
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61	1 11 85	D	ITY OR TOWN OF DEAT		(IF NOT IN SU	CH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INST			MOST OF WORKING LI	IFE) INDUSTRY	OF BUSINESS OR
100	1 11 1	-	AL RESIDENCE (IF NURSIN		SHADY OTHER INSTITUTION	GKOVE GIVE RESIDENCE	E BEFORE ADMISSIO	TIST HOS	PITAL	Artist		Seli	Employed
AND	11 30	tlu]	nd	3b COUNT		130 CITY OF	Eville	13d INSIDE CI	NO 🗌	136 STREET ADDI			20850
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ORE	D Page of		WAS DECEASED EVER II	(IF YES, GIVE	WAR OR DATES)		SECURITY NO						. 28th F1
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H. BA	physic moon movel, fr		18 CAUSE OF DEATH PART I. DEATH WA		y one couse per BY CAUSE (o)	NVW	ocato	leal is	farc	tion			ONSET AND DEATH
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W. PR	by the component of the	18	gove rise to immo cause (o), stating underlying cause	the	DUE TO, O	R AS A CON	SEQUENCE OF						
05, 20	Signed Meri plan to burno (uny, or	N.	PART 2. OTHER SIGN	FICANT CO	ONDITIONS C	ONTRIBUTIN	G TO DEATH B	T NOT RELATED	1.1			-	usis.
ECOR	1	CERTIFICATION	90 DATE OF OPERATI	ON	La. COND	MON FOR V	VHIQA OPERAT	ION WAS PERFO		20a AUTOPSY	? 20b. IF YE	S, WERE FINDI	NGS USED
N. N.	No state of	E .								YES NO		ES 🗌	ио 🗆
OFVII	4 304 0	0.5740	210. ACCIDENT WAS UNDE		HOUR A.	OF INJURY .M. MONTI	H DAY YEA		IURY OCCURE	ED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
O	OF STATE	MEDICAL	(IF EITHER NOTIFY MEDICA	LEXAMINER)	P.	M.	19						
DIVISION	the	MED	21d INJURY OCCURRE		(AT HOME ST	OF INJURY REET, FACTORY O	OFFICE, FARM, ETC.)	211. LOCATIO STREET	N	Cit	Y OR TOWN	COUNTY	STATE
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	Men. Men.		224. SIGNATURE		1	oner deam.		DEGREE				22c. DA/E	
	AL D		yeler !	7 7	never	7 5 5		my A	HYSICIAN X	MEDICAL DIRECTOR P	STAFF HYSICIAN [3/2	6/86
	D FUNES bould be my the St		22d PHYSICIAN'S NA	ME (TYPE OR	here	~		3947		ara Ar	wh	eaton,	nd 20906
	BP	23a (BURIAL, CREMATION, R SPECHY) Buria	EMOVAL	23 DATE 9	gril	230 NAME OF Manches	CEMETERY OR C	REMATORY	Manche	ster	County	ecticut
DH	MH - 16 50M 4/83	24 FI	INERAL DIRECTOR	ober	t A. Pu	mphrey	Funera	1 Homes	250. DATE	AR 31 198	TRAR 256. REGIS	TRAR'S SIGNAL	URE
	(VRA 15, 4)	P.	A. 7557 Wis	scons:	in Aven	ue, Be	thesda	Marylan	nd M	AK 31 198	36 Juna	uenteran-h	Continue

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME KNOWN A (TYPE OR PRINT) DEATH MATED March 20,086 MINNIE THULIN N/M 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE RONOUNCED White Female 9. BALTIMORE CITY OR COUNTY OF DEATH To BLANPLACE (STATE O. NEVER MARRIED U.S.A. Iowa Montgomery County DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Home Home Montgomery General Hospital Housewife Olnev ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 20853 13d INSIDE CITY EIMITS? 13e STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MCI 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles Lundberg Lindquist Christina 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) Lois T. Page same as 13e 479-36-5110 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO 216 TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING GR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC 1 STREET CITY OF TOWN COUNTY STATE 22a I certily that I taak charge of the remains described above, held an Autopsy and in my apinian Undetermined manner Natural causes Hamicide TITLE (SPECIFY) SIGNATURE 1919 Seminary Road Silver Spring, Md. John Rogers, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial STATE 3/24/86 Glendale Cemetery Des Moines, Iowa " BP. Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Maryland 20852 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Julia Davidson Rando De (VR A15 ME (5)) 20M 4/B2

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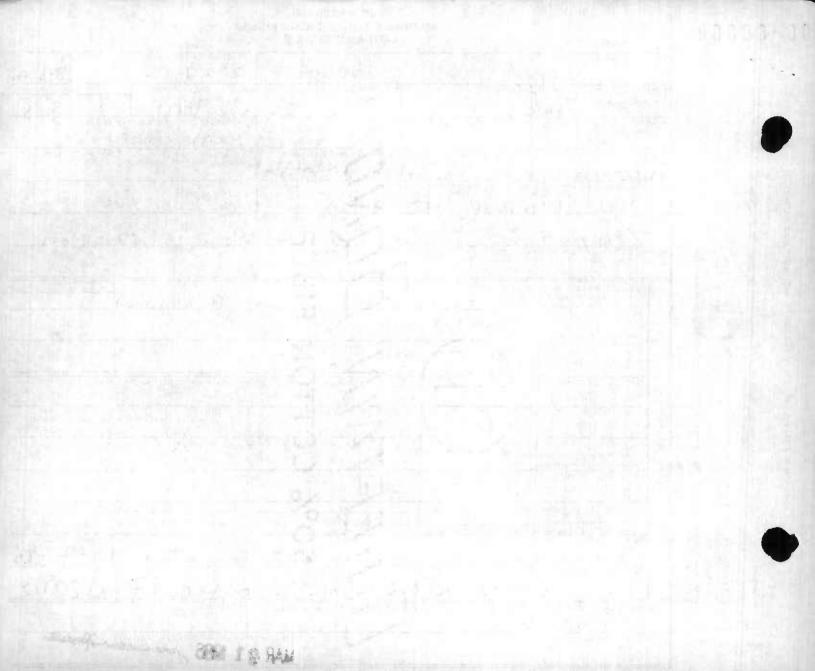
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	n Po rol di 72 ho	7a Bl	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	HAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
	e fune	10 C	TY OR TOWN OF DEATH	11. NAME OF F	HOSPITAL, NURS		DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPA	me (Ref		MD, OF BUSINESS OR
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ANDZI	hould be	13a S			13c. RY OR O		13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS		Ra	20872
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RE, N	et s	16a V	Joseph VAS DECEASED EVER IN U.S. AR		166 SOCIAL SEC	CURITY NO	17 INFORMANT	ADDI	Gaith		g,Md.20879
TIMO	on ond S. Poge	(YES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	055-07-	-6956	Barbara Green			508 Wor	rsham Ct.;
ST., BAL	a physici on poper emovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per D BY E CAUSE (o)	line for 101, (b), (ond is 5+	roke			BETWEEN	MATE INTERVAL ONSET AND DEATH
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DIVISION OF VITAL RECORDS	s been s prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
TAL	The house house shows	ERTIF	21g. ACCIDENT WAS UNDERLYING	216, TIME O	F INTUINV		131, HOW INTURY OCCUR	YES NO	YE:	s 🗌	NO 🗌
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	etoined by the should be defauth the Store	13	27 PHYSICIAN'S NAME HYPEO	R PRINT)			22e ADDRESS	Λ	1	11 10	1 1700
	TO HOSPITATE TO FUNERAL IS should be detoo with the Store [IMPORTANT: If		leter she	rer		MO		rara H.	V	Meato	n, ma rega
	BP	23a. E	Burial Burial	3/13/			EMETERY OR CREMATORY Lrsch Cemeter	23d LOCATION CITY OR TOWN	Tela	nd Na	ew York
		24 FU	JNERAL DIRECTOR DANZA					E REC'D. BY REGISTRAL			
	DHMH - 16 60M 7/84 (VRA 15, 4)		70 Rockville					1 9 400c Z	1. 15.11	Bund	7000

				STATE OF MARYLAND		0 0 0
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-005011		REGISTRAR		CERTIFICATE OF DEATH	2000 11	
0000.	1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. N	MONTH DAY YEAR 26 HOUR
e m#		OR PRINT)		er lerut	TO DATE OF DEATH	12 110011
moy be poge 3 er deoth		ROEUN		1117.		3-8-86 0015
e b	3 SE		4. RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIR	
4 62	1	-FMALE	ASIAN	JAN. 1, 1908	78	YRS DAYS HOURS MI
2 40 000	da Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY C	PR COUNTY OF DEATH
10 25		OUNTRY)	0 = = 10 = 5 \ 1	MARRIED WEVER MARRIED		- 111 1
13/2 /2/	(און טכון ארץ.	EMMBODIAN	WIDOWED DIVORCED		GOMERY CO.
ENGINE TO	pro. C.	TWOR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPAT	12b. KIND OF BUSINESS C
5 WE WE W	1	AKOMA PARK	WASHINGTO	N ADVENTIST HOSPE	HOMEMA	KER OWN HOME
195 100 100	พรบ	AL RESIDENCE (IF NURSING DR	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e STREET ADDRESS	2078
7 43	1	Md PG	Co. HYATTSV	VILLE YES NO [1494 K	ANDUIHA CT #2
1 2 C	14° F A	THER'S NAME	.00. VI/III/ST	15 MOTHER'S MAIDEN NA	ME .	111/1/11/11/11/31-1120
A Jal ad 2	11		MIDDLE	PAN II	MIDDLE	IL alle HAST
p o o		ank.	11/17	TRITE	1000	UNKNOWN
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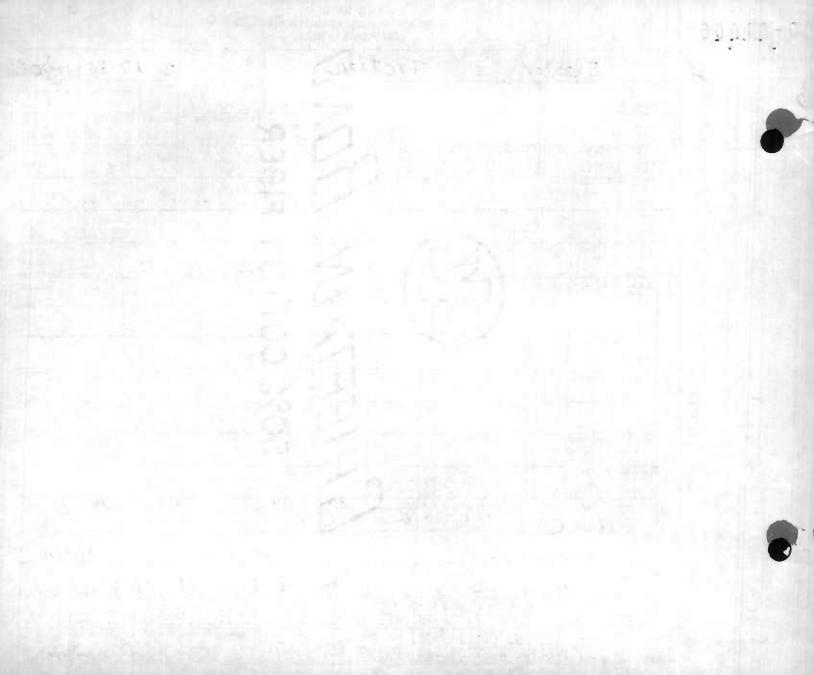
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(VEA 15, 4)

Wirkohy - FAlls Church F. H.



00-01343	1 FOR DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYGIE TIFICATE OF DEATH	NE 6 0 9	3 6 4
	DECEASED NAME FIRST MIDDLE	LAST	O DATE OF DEATH MONTH DAY	YEAR 26. HOUR
1 81 12	John H.	Trower 111	March 20, 1986	_ 12:39pm
1 1	No.		AGE (IN YEARS LAST BIRTHDAY) IF U	HOLER I YEAR IF UNDER 24 HRS
4 95	Male Caucasian Ma	y 13, 1921 YEAR	64 YRS	ns bars noors min.
1 110/	BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY?	RRIED INEVER MARRIED	BALTIMORE CITY OR COUNTY OF	DEATH
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Tilde	0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	12g USUAL OCCUPATION	26 KIND OF BUSINESS OR
CORE LED 3	Rockville Shady Grove Advent	ist Hospital 🗼	ITYPE OF WORK FOR MOST OF WORKING LIFE) Flight Data	NDUS FÅA
135	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISS 136. STATE 13b COUNTY 13c. CITY OR TOWN Maryland Montgomery Gaithersbur	g YES NO XX	30 STREET ADDRESS 411 Chr #34 Gaithersburg,	istopher Ave Md. 20879
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Q# 241 E**	230 BURIAL, CREMATION, REMOVAL 236 DATE March 23c. NAME	Olitan Crematory	23d LOCATION CITY OF TOWN Alexandria, Virg	ounty State
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Gaithersburg, Md. 2087

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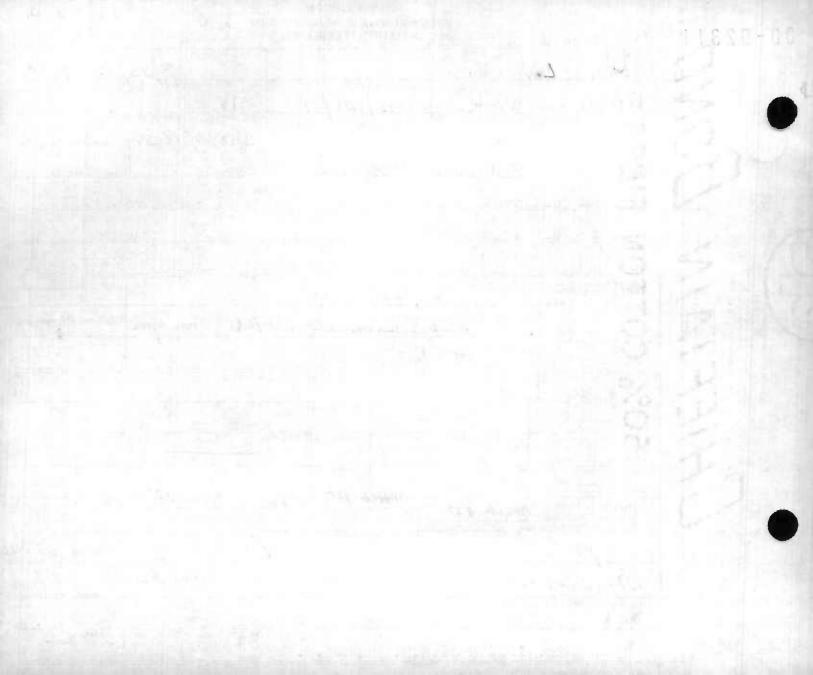
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FI THE SECOND	(Y	NO OR UNKNO	(IF YES, GIVE Y	VAR OR DATES)	2.0	0-48-	0368	Mrs	Ann	AVE	elin.	o/dai	nah+	er/	Kel	Man
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EXAMINER: CERTIFICATION OF THE CONTROL OF FOR WITH THE WARYLAND		death resulte	,	and profession and	1	F-1	F70				Inquiry		nd in my o	pinion		
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SHO SHO		SIGNATURE_					M.	D	313 (.α.	MEDIC	AL EXAM	INER	SIGNI RE-IS	EU		12/86
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TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNKRAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND	23a B		ION, REMOVAL 2:			NAME OF CE			NDV.	13d LOC		SC.				
	(5	PECIFY)	ION, REMOVAL Z.			hitem				CITYO	RTOWN	2 m = 1	COU	YTAL	51	ATE
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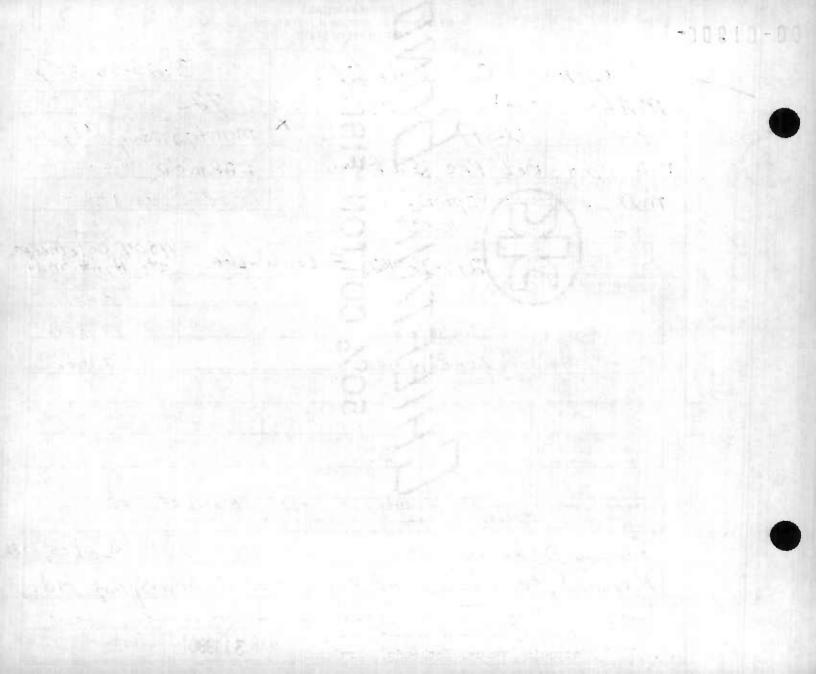
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poge 3	I. DE	CEASED NAME FIRST OT	to	WIDDLE	LAS	Vogt		March 1			12:55 P
for po	3. SE	x Male	4. RACE WHTTF	X-2-1	5 DATE OF	DAY	YEAR 1903	6 AGE (IN YEARS LAST B	PTHDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
0 1 97	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY) GERMANY		WHAT COUNTRY?	B	NEVER MA		Montgon Montgon	OR COUNTY OF	DEATH	MD.
. 1169	10 C	Olney	11. NAME OF	HOSPITAL, NURSING CHEACILITY, GIVE STREET GOMERY G	ADDRESS)			120 USUAL OCCUPATION OF WORK FOR MOST ENGINEER		INDUSTRY	BUSINESS OR EMPLOYEED
THE PARTY OF THE P	13a	AL RESIDENCE (IF NURSING HOME OR STATE 13% COUN RYLAND MONTO	OTHER INSTITUTION	13c. CITY OR TOW	N 11	36 INSIDECIT	Y LIMITS?	13e STREET ADDRESS 2929 BEL			0906
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be exception on ond s. Pog		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	173-14-2		NEORMAN	VOGT .	S/A 13	ESS		
es that the death certificate and by the attending physic please remove carbon paperurial, cremotion, or removal, or other traumatic event, the		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQUE		n Wal	И Нуо с	andial Alte	ret	24	NATE INTERVAL NSET AND DEATH
the low require on. The box seen sign permit. Then the permit. Then ows any injury own own you will be a sign of the seen sign.	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART OF TH	196 CONO	IN A HOLE	ufic	Lui	Kemi	NAL DISEASE OR COI	206 IF YES, W IN CERTIFYIN YES [ERE FINDIN	GS USED
ON OF VITA HYSICIAN, T ding physics are certificate buriol-trans Mental Hygi	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A	OF INJURY .M. MONTH DM. OF INJURY	AY YEAR	21c HOW INJU		ED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	I OR PART 2)	
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by the hosp teral DIREC and detached the Store Dept - Store Dept - ANT. If them		abave/II Mey did (did no 27b. SIGNATORE Au 1 224-PHYSICIAN'S NAME (TYPE O	RARINI)	descon	1	GREE AT PH	TENDING HYSICIAN	MEDICAL STA	AFF CIAN []	3/10	186
TO HOSPITA retoined by TO FUNERA should be de with the Stot	23a 1	Danie L. +	TINDE!	-500 L	NAME OF CEA	2901 C	Shey-	Sandy Sprin	aRd O	lucy M	1 20832
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0 - 0 0 7 4 8	11.	STATE		CERTIFICATE OF DEATH		
	1	HEGISTRAR		CERTIFICATE OF DEATH	REG. NO).
(10)	T DE	CEASED NAME FRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
1/		OR PRINT)	1111	1 111 1 10 . 11		17 1901 930
1 1	1	TROY	MILTON	WALDKON	. March	17.1986 9-AN
1 11 11	3. SE		4 RACE	5 DATE OF BIRTH	& AGE IN YEARS LAST RIRTH	DAY FUNDER I YEAR IF UNDER 24 HRS
	y 26	44 1	RACE	MONTH DAY YEAR	ACE IN TERRETARIA	MONTHS DAYS HOURS MIN
# 84/8		MAIO	Caucasian	Jan. 7. 1922	1.4	YRS.
2 55 5	-	7 1-4		V4111 1,1122	6	
2 22 (2)	7n. B	RTHPLACE (STATE OF FOREIGN	Th CITIZEN OF WHAT COUNTRY?	MARRIED PNEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH
E 50 75 3		1 4"	1154		mark	TAMELU MO
a fire		VITAINIA	027	WIDOWED DIVORCED		
3 18 2 1	10.C	TY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
5 5 3/1	10	.1 . 1	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF	
S SN-E	13	IVER SPTING	11209 LOM	BALDY KOAD	Procureme	Int FEDERAL GOVE/RE
12 世界政	USU	AL RESIDENCE HE NUMBERS HOME OF	OTHER INSTITUTION, VIVE RESIDENCE BEFORE	E ADMISSION)	.'	DACIAL
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5. 28 35	TA S	THER'S NAME	# 1011112	15 MOTHER'S MAIDEN NA		3,110
3 2 1 mm	100		MIDDLE LAST /	# FIRST	MIDDLE	PLAST .
3 67 84	1	(Law 100 E	11/2/1/4	Hattie		147/2/201
3 55 1		DAFIE F.	W4 a 11	n police	ADDRE	VILLATON
1 2 1		VAS DECEASED EVER IN U.S. AR		IRITY NO 17 INFORMANT	ADDRE	33 11209 LAMBERS NY 1
x 55 2/	,	4.4	WAR OR DATES	7047 JAVIE W3/0	Juan Valice	
9 14 2/	_	yas Will	11 3/8-10	1071 JOYCE W3/0	A JOH , WY LAC	Silver Spring, Mal.
8 957 5		IL CALISE OF DEATH (Enter or	ily one couse per line for (a), (b), on	diet i	- 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5 252 5		PART I. DEATH WAS CAUSE		+-+	511 1	
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6 .52 2		gove rise to immediate	(0)		D	
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2 222		underlying couse last	(
2 222 5	1		(6)			
0 0200	1-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 1(6)
2 c2+ b	1 8	100				
3 ST 2 5	CERTIFICATION	The same of the sa	The sould from the street	0050-110-11-16-0505000-150	Tan AUTORSV2	206. IF YES, WERE FINDINGS USED
2 525 600	13	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?
F 4564/	1 6	100000000000000000000000000000000000000			YES NOT	YES \ NO \
2 4 5 5 m	1 5					
48 484 M	15	21a ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED JENTER NATURE OF INJUR	FIN ITEM 18, PART I OR PART 2)
22 222 27	13	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR		
26 246 1	ICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
E 2 5 5 2 2	MEDI	21d. INJURY OCCURRED	21R PLACE OF INJURY	21f LOCATION		
DA P 5 5	1 3	WHAT CO NOT WHILE CO	(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC. STREET	CITY OR TOW	N COUNTY STATE
23 242 2	1	AT WORK	The second second second			
28 285 2		22-1 ALE ALE ALE	mil assended she decreased from	M2V 4 1065	Marc	6 13 19 36 , that (1) (we) lost
品			tal) attended the deceased from_	. 17	. 10	, 1101 (1) (407 1031
1 2 USO E		sow the deceased alive on		dnd that in (my) (eur) opinion	death occurred on the do	ite and hour and from the couses stated
T 5 H 2 H 5		226 SIGNATURE	t) view the body ofter death.	DEGREE		1226 DATE SIGNED
D是 古美发 =		IN GNATURE				
건물 건물로 근	1	1/1/19	24 - 1/2 5 01	M D ATTENDING	MEDICAL STAF	
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25 X 2 E	1	PHYSICIAN'S NAME TYPE	R PRINT)	228 ADDRESS 345	//niversite	, Blust. W
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0 0 0 0 0	-	Maymona [Iranshaw JY.	Silve	1 Spring!	119
4 5 4 5 5 E.	23n	BURIAL CREMATION, REMOVAL	236 DATE 23c.	AND OF CEMETERY OR CREMATORY	234 LOCATION	
	1	SPECIFY	m 1 14 1001 6	Sold or	CITY ON OWN,	COUNTY STATE
BP		Duria	Mich 13 1486	WIR COWN CINCLES	- Focker	lle, ork
	24 F	UNERAL DIRECTOR		250/DAT		DE REGISTRAR'S SIGNATURE
DHMH-16 25M		MAME /	ADDRESS.	11.1	9 190	O july waydoon fandais
(VRA 15, 4) 1/79	1.7	Trome Humpal Stine	Sallatta 250 Car	ONISE NAVICE		
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24 FUNERAL DIRECTOR Everly-Wheatley Funeral Home

500W. Braddock Rd. Alexandria, Va.

FOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTITIO	CAIL OI DEATH	REG. NO).	
	CEASED NAME PIRST	WIDDLE	LA	AST	20. DATE OF DEAT'4	MONTH DAY YE	AR 26 HOUR
(CYPE	W 1. 1	OND BOYCE	1.5	A-PO	5.4	3 - 11 - 14	786 451
3. SE		1 RACE	5. DATE O	FBIRTH	6 AGE IN YEARS LAST BIR	HOAY) IF UNDER 1	YEAR IF UNDER 24 HRS
	00010	111111	MONTH	DAY YEAR	03	MONTHS	DAYS HOURS MIN
	male	STILLE	17	-6-02	60	YRS	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	Н
PE	ennsylvania	U. S. A.	WIDOWE		MUNIC	rom.F.R.	Y Co. M
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		ROTHER INSTITUTION	120 USUAL OCCUPATI		ND OF BUSINESS O
5	ilver Spring	HALL CRACKETY, GIVES	6 713	1010	CIETK	WORKING (IFE) INDUS	GOVETNA
USU	IAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE		34,1131		12013	A COURT
73a S	STATE 136 COL	JNTY 13c. CITY OR	TOWN	13d INSIDE CITY LIMITS	13e STREET ADDRESS	ZIP CODE	- 700
14.54	ATHER'S NAME	VIGOMERY SILVE	CSTRING	YES NO [1/3/1/	MIES SL	. 2090
114. FA	FIRST	MIDDLE		FIRST	MIDDLE		LAST
	CHARLES	WAR	2	MAE		CONI	VELL
	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRE	SS	
,	NO THES		6-7360	MRS. VALA	RIE RIVE	PA (SAM	EAS#1
	IN CAUSE OF DEATH Sales	only one couse per line for (a), (b)		1112	The state of the s	A. A.	PPROXIMATE INTERVAL
500	PART I. DEATH WAS CAUS	SED BY	000	u laile	with	Lacres	VEEN ONZET AND LIEATE
17.	IMMEDIA	ATE CAUSE (0)	nation	of Jon 110	ce running	10	
	N 95-5-11-	DUE TO, OR AS A CONSI	EQUENCE OF	1	1 1- H	Tidas	
	Canditions, if any, which	(1b) Cle	Grovan	unlar thee	iddel		
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSI	EQUENCE OF		-1-		
	underlying cause last.	DOE TO, OK AS A COING	Diah	et mill	ilie		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PA	RT luo
Z	1	no Destino	Lea	1- 1	en here.	JINO. 4 GIVEN 11 1 7 11	K1 170
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	INDINGSTISED
F						IN CERTIFYING CAL	USES OF DEATH?
ET				Tax	YES NO	YES 🗌	NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	LICUID A MA MONITUE	DAY YEAR	ZIE HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	IV IN ITEM 18 PART I OR PAR	RT 2)
M	(IF EITHER NOTIFY MEDICAL EXAMIN	LAIII.	19	- 14-14			
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	wn COUNT	TY STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OF	FICE FARM, ETC 1	PIMEEL	CHIONIO	21	7
		pital) attended the pleceased fr	- 3	07 108	1- 3/10	1086	that (1) (we) lo
	sow the deceased alive of	71.110	-	d that in (my) (aur) anini	an death accurred an the do		
	obove, (1) (we) (did) (did)	not view the body ofter death.			on death accorded on the do		
	27b. SIGNATURE.	- 1 /	0.	DEGREE			DATE SIGNED
	-Hory	och sigh	, I no	PHYSICIAN	MEDICAL STAP		5/11/86
	224 PHYSICIAN'S NAME (PE	OR PRINT)	10	22e ADDRESS		0	5 1,
	STARJOI	HS. PU	8 K	12450 Pa	release.	DR KO	eleville
-				1-73-1-6	on Gover	200	4 3
23a	BURIAL, CREMATION, REMOVA	AL 23b. DATE		EMETERY OR CREMATOR	CITY OR TOWN	COUNTY	STATE #
	CREMATION	3-12-1986	CHAMIS	BERS CREMIT	TOP RIVER	DALE PO	C. Md
24 F	UNERAL DIRECTOR			0 40 1250 F	ATE REC'D. BY REGISTRAR	25h DECISTRAP'S SIC	SNIATURE
	DIAME DIRECTOR	ADDR		20910, 250 0	ATE REC D. BT REGISTRAR	THE REGISTRAR S SIC	NATORE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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-01086	1.	FOR STATE REGISTRAR	DEF	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6	0 9 3 7 2
		CEASED NAME FIRST	MIDDLE	4.0	AST	20 DATE OF DEATH MONT	28.11001
6 000	-	William	14. RACE	y War		6 AGE (IN YEARS LAST BIRTHDAY)	, od od w
196	1. SE	Male	White		. 20, DAY 1912 YEAR	74	MONTHS DAYS HOURS MIN.
And the state of the	7n. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN		D NEVER MARRIED	9 BALTIMORE CITY OR CO	
		Washington, D.	¢. U.S.A.	WIDOWE		Montg	omery
1	II.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	12a USUAL OCCUPATION	KING LIFE IN Montgomery
5 11 180	1	Rockville	Shady Grove		ist Hospital	Retired Dispat	enen County/Fire
138	13a.		or other institution, give residence introduced in the control of	E BEFORE ADMISSION) R TOWN VIIIE	134 INSIDE CITY LIMITS?		20852 e Square Terrace
1/5/	14. F.	Thomas	Middle Ward		Emmie	WIDDLE	Sandissi
Page 1	160	WAS DECEASED EVER IN U.S. A		SECURITY NO. 128	Richard W.	Ward 19617 Br	assie Place urg, Md. 20879
guines that the death certifical segmed by the attending phy her please remove corbon por to buriol, cremation, or remove (jury, or other froumatic event	NO	Conditions, if ony, which gove rise to immediate cause (a), staling the underlying cause lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF	MOT RELATED TO THE TER.	MINIAL DISEASE OR CONDITIO	23yal
hos been to permit it permit it permit it is prior over any in	CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR W	VHICH OPERATIO		20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
CIAN plantification follow	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTILY MEDICAL EXAMIN	EATH HOUR A.M. MONTE	H DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN IT	tm 18 PARI I OR PART 2]
offending fer this ce s the buri	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR: Af for use of Health		sow the deceased alive of	pital) attended the decreased in 3/14/19	Col	nd that in (my) (our) opinion	, to 3/14 of death occurred on the date or	nd hour and liam the couses stated
AL OR ATT y the hospi (AL DIRECTO detoched fo ote Dept. of II; If Item 2		The Section of	bell		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED 3/15/86
TO HOSPITAL retained by 1 TO FUNERAL should be de with the State IMPORTANT		DUNIE 6	don		10401 01d6	egeton Rd	Betherdi M.S.
BP	230	BURIAL, CREMATION, REMOVA ISPECTAL) Burial	3/19/86		emetery or crematory awn Memorial	Park Rock	ville, Maryland Maryland
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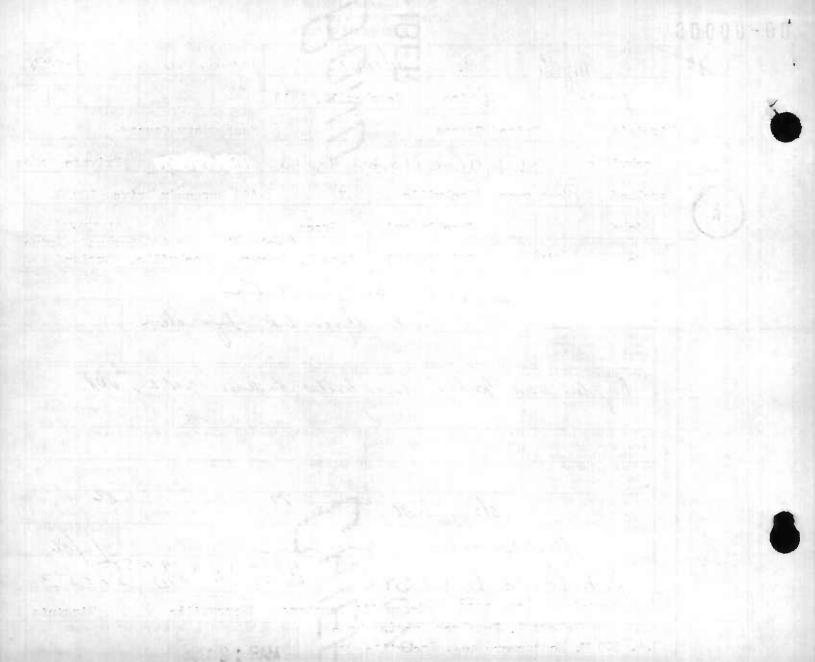
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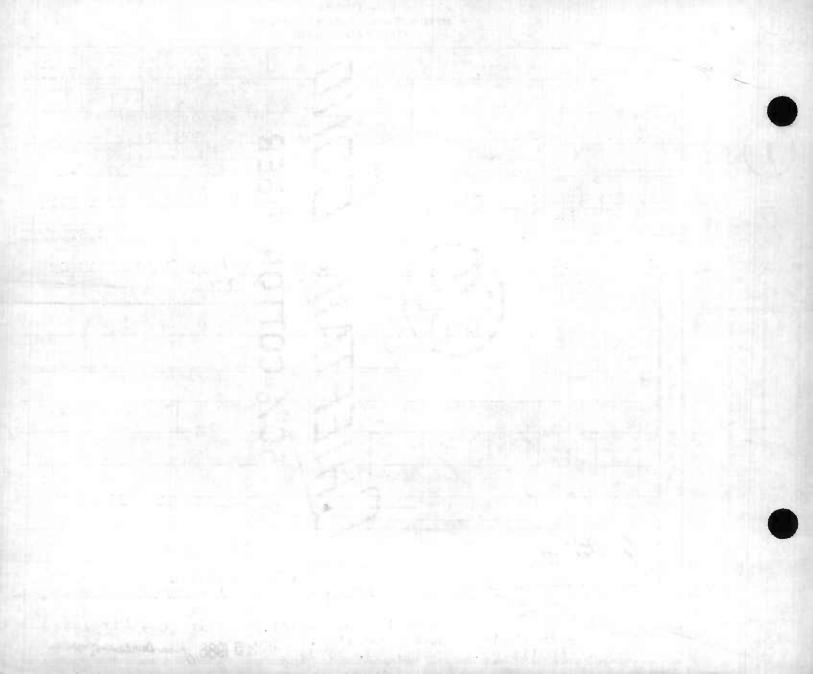
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000	1-	STATE REGISTRAR	DEI ART	CERTIFICATE OF DEATH	REG. NO.	
		EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
10		Myll	М.	Weaver	6. AGE (IN YEARS LAST BIRTHDAY)	SI'.OF A
	3. SEX	Female	White	5. Date of Birth October 19, 1913		MONTHS DAYS HOURS MIN.
81		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		A DALTHAODE CITY OR COUNT	
3	Vi	ginia	United States	WIDOWED DIVORCED	Montgomery Cou	
5	2	ry or town of DEATH Rockville	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Shaly a rove +	ADDRESS) ADDRESS) AUCHTS HOSPITAL	Housekeeper	176 KIND OF BUSINESS OR INDUSTRY Private Home
35	13a S	TATE 13b COU	ROTHER INSTITUTION ON RESIDENCE BEFORM NTY 136 CITY OR TOV ROCKVIL	WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS ZIP CO 403 Burgundy D	nive 20850
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other		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF	V	
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2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
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2			n 19. ot) view the body after death.		an death accurred an the date and h	
2		22b. SIGNATURE	nanuia	DEGREE ATTENDING PHYSICIAN		21 C/RG
PORTAN		22d PHYSICIAN'S NAME Y	1 0 01	MINA Res	CUI (12 MI)	20853
-	23a. 1	BURIAL, CREMATION, REMOVA	10, 1986 G	NAME OF CEMETERY OR CREMATORY reenhill Cemetery	Berryville	COUNTY Virginia
/83	24 F	JNERAL DIRECTOR Rober	t A. Pumphrey Fu	ineral Homes, 250 D	ATE REC'D. BY REGISTRAR 256. REG	
-	F	2. A. 300 W Mon	toomers Assa Rock	ekwille MD	110 10 1000	14.4.00





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	U
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SPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate by another than 24 hours after death Tage 4 may be	quali
by the hospital or attending physician.	U
VERAL DIRECTOR: After this certificate has been signed by the attending physicial and profiled in by the funeral director, page 3	
be detached for use as the burial-transit permit, then prose remove corbon popers, more remained the winning 2 hours offer deam. State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	5
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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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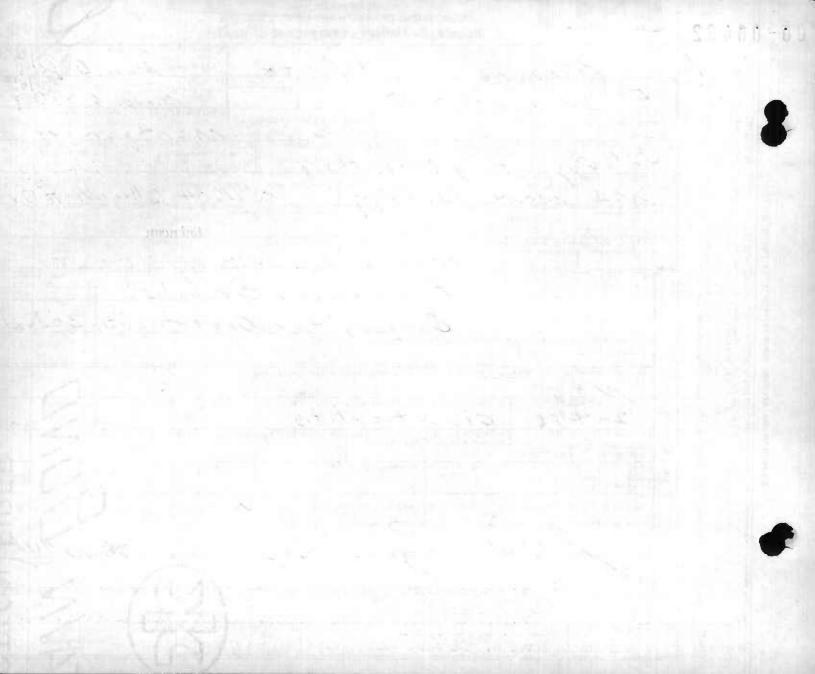
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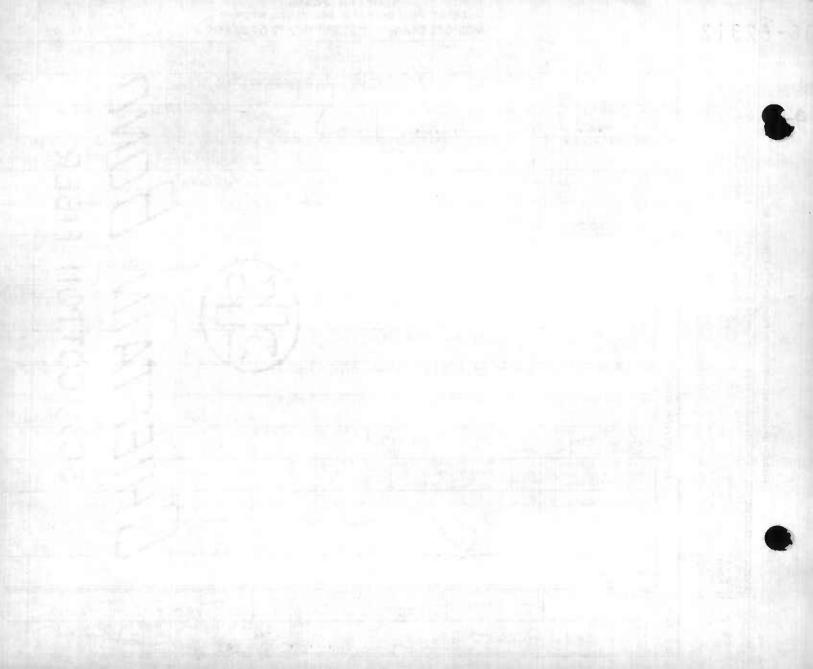
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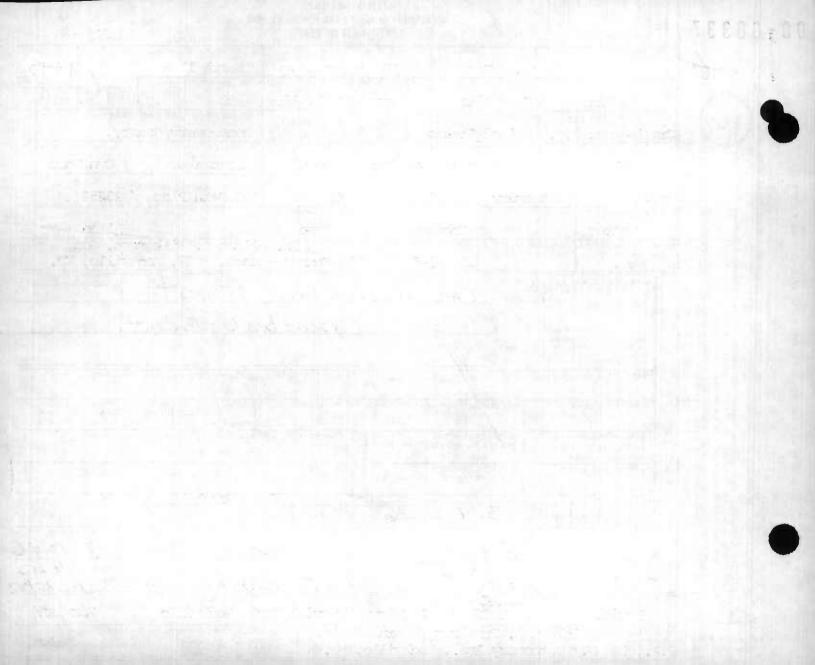
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BP Burial Mar. 10. 1986 Gate of Heaven Cemetery Silver Spring Montgomery Md.			Md.
24 FUNERAL DIRECTOR Francis J. Collins, Jr. 250 DATE REC'D BY REGISTRAR' 256 REGISTRAR'S SIGNATURE		24 FUNERAL DIRECTOR Francis J. Collins, Jr. 250 Date REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE	
(VR A15 ME (5)) 500 University Blud., W. Silver Spring, Md. MAR 1 7 1986		500 University Blvd., W. Silver Spring, Md. MAR 1 7 1986	Has



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ľ	1	D.C.		U,S,A	wiDOV	/_	RCED Montgomery C	ounty
į	10. C	ITY OR TOWN OF DEATH	II. NAME OF HO	DSPITAL, NUE	RSING HOME, OR OTH		120. USUAL OCCUPATION (TYPE OF WOR	K 12h KIND OF BUSINESS
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1	130. 5		ntgomery	S.S.	pring	YES NO [_ 1000 Dagamana	hill DR
7	14. F	ATHER'S NAME	AIDDLE		LAST	15. MOTHER'S MAI	IDEN NAME	LAST
	Y	George	Davis		1031	Maggi	e Davis	(A31
1	160	WAS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOC	IAL SECURITY NO.	17. INFORMANTM	other ADDRESS Di	verdale MD
	1	ES, NO, OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES	578	-72-3678	Maggie :	Davis 6103 Madis	
		18 CAUSE OF DEATH (En	ter anly ane cause per li	ne far (a), (b)	and (c).)		0.103 4301.5	APPROXIMATE INTERVAL
		PART I DEATH WAS CA	AUSED BY:		Intravenou	o Margati	C.M.	BETWEEN ONSET AND DEATH
NA.		IMM	EDIATE CAUSE (a)		ISEQUENCE OF	is Marculi	-5111	
5		Conditions, if any, v			0.00			
×		gave rise to imme cause (a) stating the u		00 A 2 A GON	SEQUENCE OF			
		lying cause last.	DOE TO, C	K AS A CON	SEQUENCE OF			
		BARY & STUDE COMMERCIAL COMM	(c)					
	z	PART 2 OTNER SIGNIFICANT CONO	ITTOMS CONTRIBUTING TO DEAT	N BUT NOT RELA	TED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1:0	
	CERTIFICATION	19a DATE OF OPERATION	In Sour					
	2	198. DATE OF OPERATION	198 CONL	DITION FOR V	WHICH OPERATION W	AS PERFORMED?		20 AUTOPSY?
	1 1							YES XX NO [
ĺ	100000	210. EXTERNAL CAUSE WA			DAY YEAR 21c. H	OW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR	PART 2]
Į	CA	CONTRIBUTING CAUS		Μ.	19			
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE		OF INJURY	(AT HOME. 21f LC	CATION	CITY OR TOWN	COUNTY STATE
	-	WHILE NOT WHILE AT WORK	٠ ا				CIT OR TOWN	SOUNT STATE
		220. I certify that I took	charge of the remains d	escribed above	ve, held an Autap	sy X, Inspect	tion . Inquiry . and in my	anisian
			Natural causes XX,	Accide	, Suicide	, Hamicide		opmon
	-	Gedin resolled fruit;	- A A	Accident	, Juicide		Ondetermined manner	
		ACTUAL	1	/	Y \/	TITLE (SPECIFY)	DAT	TE 3/22/86
5	1	SIGNATURE	/) · · ·	D. Assista	ant MEDICAL EXAMINER SIG	NED 3/22/86
f	1	EXAMINER'S NAME	Crecory D	Van-E-	Eman M D	Victoria de la Constantina del Constantina de la	111 Donn Ct	
-	120 0	(TYPE OR PRINT)	GLEGOLY R.		fman, M.D.		111 Penn St.	
	230.B	URIAL, CREMATION, REMOV	3-25-86		rmony Cen		23d LOCATION CITY OR TOWN TO CONSTRUCT DOOR DOOR	OUNTY STATE
		BURTAL						aryland
	124.1	NAME MODERN	FUNERAL	OME .	1 4 11 0	DAI	E REC'D. BY REGISTRAR 256 REGISTRAR'S	MONCO
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00 = 00337	1 -	STATE REGISTRAR				ICATE OF DEATH	REG. NO.				
. /		EASED NAME - FIRST		MIDDLE	L.	ASŤ	2ª DATE OF DEATH		20 HOOK		
1 51-6			garet	Teresa		kerson ,	March 11,		2:45P M		
	3 SEX		4 RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTI		EAR IF UNDER 24 HRS AYS HOURS MIN.		
		Female	Cauca	sian	Nover	mber 22, 1902	83	YRS.			
C. FUAT	7a. BIF	THPLACE (STATE OR FOREIGN	76 CITIZEN	OF WHAT COUNTRY	Y? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OF	H			
	Was	hington, D.C		d States	WIDOWE	DIVORCED [Montgomery	County,	MD.		
. 185		YOR TOWN OF DEATH	(IF NOTA	SUCH FACILITY, GIVE SIRE	T ADDRE S	Hospital	(TYPE OF WORK FOR MOST OF Honemake)	WORKING LIFE) INDUST	ND OF BUSINESS OR TRY N Home		
212 Fin the	USUA	L RESIDENCE (# NURSING HOTATE	ME OR OTHER INSTITU	TION, GIVE RESIDENCE BEF	ORE ADMISSION)	138 INSIDE CITY LIMITS?	112 STREET ADDRESS /	ZIP CODE			
Ne 22 Me			ntgomery	Rockvil		YES NO	322 Seth P	Lace / 208!	50		
tely 2 shin	I4 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME				
MARYLAND ed within 24 ampletely filler and 2 shoyd		Walter	WIDDER	Johnso	n	Rose	WIDDLE	Alle	en		
S Coul		AS DECEASED EVER IN U.S	ARMED FORCE		CURITY NO.	17. INFORMANT Mr.	Milton LADOW	lkerson,	Son,		
IMOI n ond Poge	(4	NO NO	S, GIVE WAR OR DATE	214-01-	5843	118 Monroe St	treet, #903	, Rockville	e, MD.		
Tr, BALT Trificote b physicio npoper's moval.		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse NUSED BY:	(1000	ondici	ernaton	Annes	APP BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH		
ON ST ding arbor or rer		0,40,416		O, OR AS A CONSEC	UENCE OF			, ,			
deotl deotl deotl hion,		Conditions, if ony, which	h ((t)		MYOCAND	iA (In	lant			
hor the death cr by the attendin size remove carb. I., cremation, or ather troumofic		gove rise to immediate couse (a), stating the underlying couse lost									
RDS, 20 equires to signed Then pled to burious to burious to burious to burious.	NO	PART 2. OTHER SIGNIFICA	NT CONDITION	S CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	N Na		
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the offer this certificate has been signed by the buriol-tronsit permit. Then plea to an Mental Hygiene prior to buriol, orked or them 18 she'ds ony injury, or corked or them 18 she'ds only injury, or corked or them 18 she'ds or corked or corked or them 18 she'ds or corked or co	TIFICATION	19a DATE OF OPERATION	196 CC	NDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIR IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH?		
OF VITA	AL CERTI	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER HOTIFY MEDICAL EXA	DE DEATH HOUR	AE OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR PART	1 3)		
VISION G PHYS G PHYS of this circle in the ser this circle on the ser the s	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLA	ACE OF INJURY E, STREET, EACTORY, OFFIC	E. FARM, ETC }	211 LOCATION STREET	CITY OF TO	WN CORNIL	Y STATE		
or or see of the see o		22a.1 certify that (I) (this	hospital) attende	d the deceased from	Decemb	per 6 19 82	March L	19_86	, that (I) (we) last		
TTEN Pritoll TOR for u		sow the deceased alm above, (1) (we) (did) (d	re on	2 - 4 19	_&6. or	nd that in (my) (our) opinion	death occurred on the do	te and hour and from	the couses stated		
OR AT OR AT DIRECT Sched f Dept of Item		22b. SIGNATURE	1011/1011/10	out acam.		DEGREE			ATE SIGNED		
1 te e e e e e e e e e e e e e e e e e e	-	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3 1/86									
SPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT		226 PHYSICIAN'S NAME	TYPE OR PRINT)	1		22e. ADDRESS		Rock	KUILLE MO		
O HOSPITA efoined by TO FUNERs should be d with the Sto		JOHN E	. Ko1	1		18715 me	=DiCAL (ENTER	Dr. 20817		
BP	(URIAL, CREMATION, REMO Burial	Mar	586 ¹⁴ , E	arklaw	emetery or crematory n Memorial Pa	rk Rockvil	le county	Maryland		
DHMH - 16 50M 4/83		NERAL DIRECTOR ROL						256 REGISTRAR'S SIG	type		
(VRA 15, 4)	P.F	., 300 W. Mo	ntgomery	Ave., Ro	ckville	e, MD. M	AR 1 4 1986	of was allered	on-lightable		



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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Gate of Heaven

REG. NO

IF UNDER I YEAR

IF UNDER 24 HRS

20902

12h KIND OF BUSINESS OR

Federal Govt.

INDINGS USED NO

22c DAT

Silver Spring Montgomery Md

STATE

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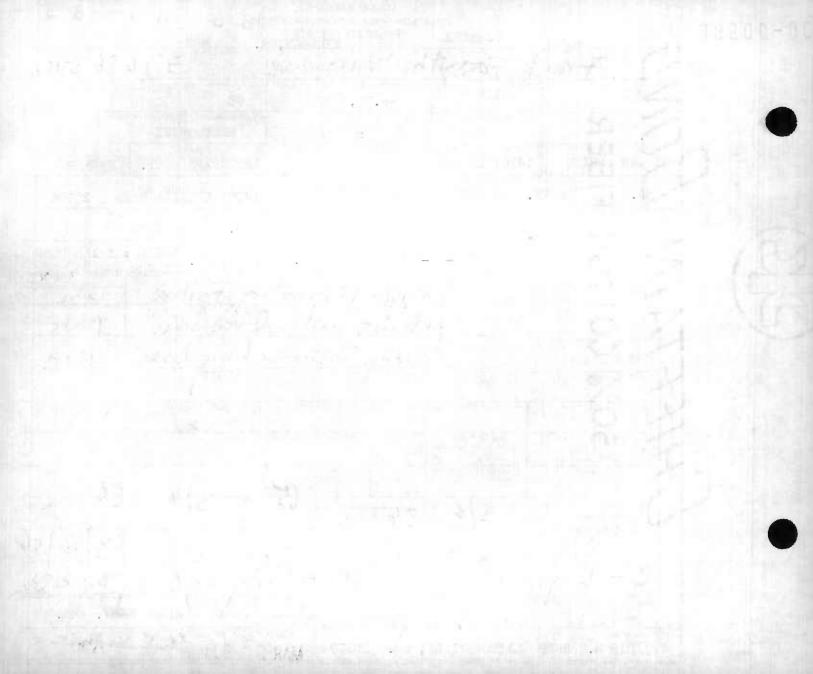
DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

24 FUNERAL DIRECTOR Francis J. Collins Jr.

500 University Blud. W. Silver Spring. Md.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RE	GISTRAR			CERTIF	ICATE OF DEATH	REG. NO).			
	SED NAME FIRST		MIDDLE	ι	ASI		MONTH	DAY YEAR	2h HOU	R
TYPE OR PE		Y FRANCE	S WILSON			MARCH 8 1	986		4:0	8 A
3. SEX		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER	
FEM	IALE	CAUCAS	IAN	MAR	CH 8 1986		YRS.	MONINS DATS	HOURS	59
	PLACE (STATE OF FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED X	9 BALTIMORE CITY O		Y OF DEATH		
COUN	ARYLAND	UNITED	STATES	WIDOWE		MONTGO	MERY			MD.
JO. CITY C	R TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATION		12b. KIND C	F BUSINE	
BETH	ESDA		NAV AL HO		AL.	(TYPE OF WORK FOR MOST OF	- WORKING LI	(FE) INDUSTRY		
USUAL RE	SIDENCE (IF NURSING HOME					1		G	UCH	10
13a. STATI	GINIA 136 CO	UNIY	OUANT		13d. INSIDE CITY LIMITS?	4012-B MC	DEC	t //	2213	4
	R'S NAME		1		15. MOTHER'S MAIDEN NA	ME		777		
	DAVID J.	WILSON	LAST		FIRST	DELON ELEY F	OSTE	R	ST.	
16a WAS	DECEASED EVER IN U.S.		16b. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE				
(YES, N	NO OR UNKNOWN)	GIVE WAR OR DATES)	N/A		MADELON WILS	SON, QUARTERS 4012B, MCDEC, QUAN				
Tuo.				4	VA 22134	7021, 4022112			MATE INTER	-
18	CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	ISED BY:	EXTREME					BETWEEN	ONSET AND	DEATH
	IMMED	IATE CAUSE (a)								
		DUE TO, O	R AS A CONSEQUE	ENCE OF						
	anditians, if any, which	(b)		-					_	
	use (a), stating the derlying couse last.	DUE TO, O	R AS A CONSEQUE	ENCE OF				100		
	, ,	(c)_								
	RT 2. OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO S	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	a	
CERTIFICATION 19a	DATE OF OPERATION	TIN COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h JE YE	S, WERE FINDI	NGS LISE	
윤	DATE OF OFERRALION	178. COND	morr on which	0, 5, 1, 1, 10	The state of the s		IN CERT	IFYING CAUSES	OF DEAT	H?
210	ACCIDENT WAS UNDERLYING	21b. TIME C	DE INTURY		21c. HOW INJURY OCCUR	YES NO X		PART L OR PART 21	NO [
OB	CONTRIBUTING CAUSE OF	DEATH HOUR A	M. MONTH DA			Tellier Harde of History				
9	FEITHER NOTIFY MEDICAL EXAMI		.M. OF INJURY	19	2H LOCATION			700	140	
WEL WEL	HILE NOT WHILE		REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	S	TATE
1 1	VORK AT WORK			MADCI	1 8 19.86	to MARCH	0	1986		
220	I certify that (I) (this ha			86 a	nd that in (my) (aur) apinian i				that (II (-,
201	saw the deceased alive above, (I) (we) (did) (did	not view the body	after death.			osom occorred on me de	TC GIIG HG			ned .
226	SIGNATURE	1.1	41	Λ	DEGREE ATTENDING .	MEDICAL STAF	F	22c. DATE		26
	1111	year	101.	U		MEDICAL STAP			Les !	
22d	PHYSICIAN'S NAME ITY		140			'HOSPITAL,				
	J. H. NADIN	G, LCDR,	MC, USNR		NATIONAL CAR	PITAL REGION	, BETI	HESDA, M	208	14

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) RELEASED TO NAVAL HOSPITAL BETHESDA, MD

23b. DATE

23d LOCATION

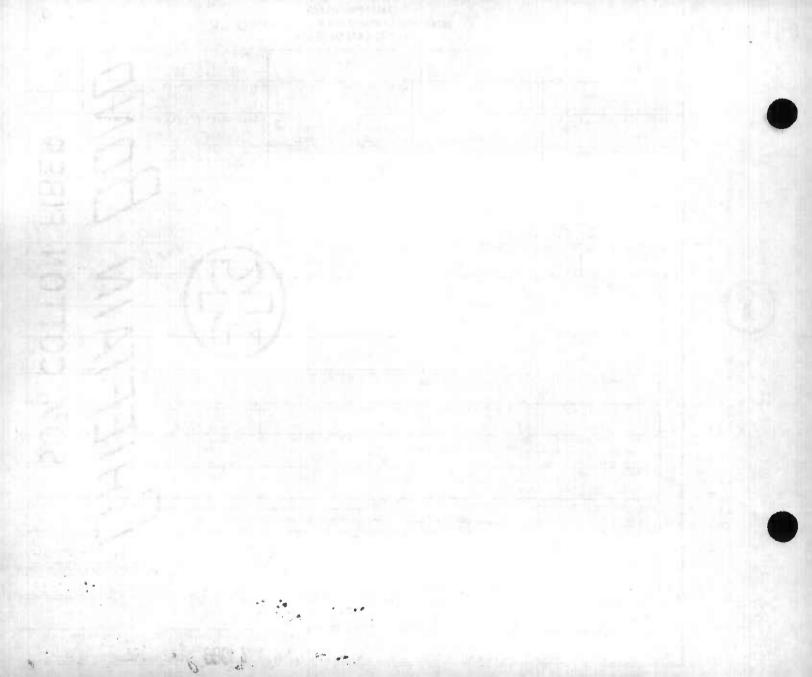
CITY OR TOWN

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

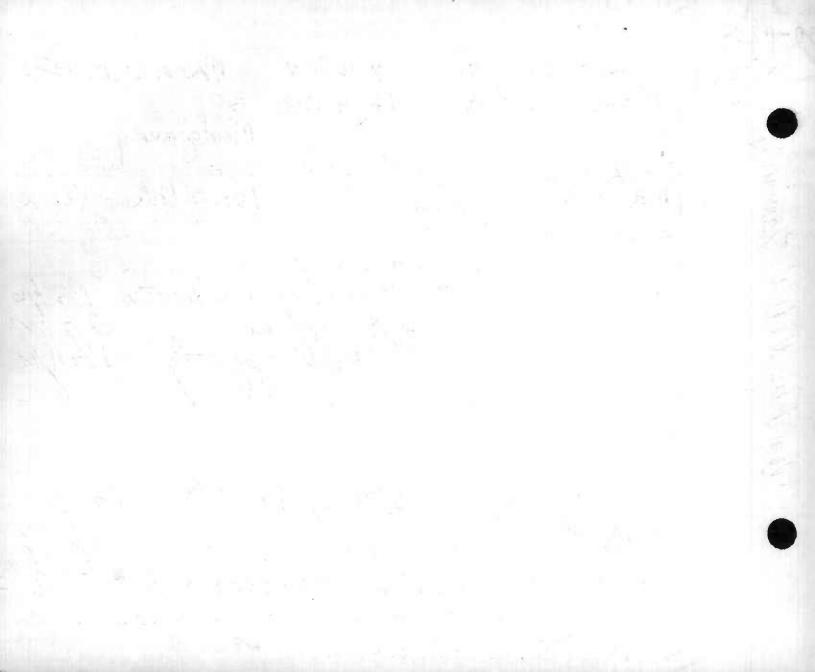
COUNTY

STATE

T.L.RUFFIN , CDR , MSC , USN



	STATE OF MARYLAND	0 9 3 8 7
0-0287	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5 0 7 5 6 7
0 05021	REGISTRAR CERTIFICATE OF DEATH	REG. NO.
1 252	1. DECEASED NAME FIRST MIDDLE LAST 1.0 DATE OF CO. DAT	EATH MONTH DAY YEAR 26 HOUR
22 21 13	WILSON I	ARCH 31 17861/73/A
1000 01.	1. SLX S. DATE OF BIRTH DAY (2 YEAR 6. AGE LINYEA	RS LAST BIRTHDAY) IF UNDER 1 YEAR 4 UNDER 24 THS
100/a	THE BIRTHPLACE PATANCHE OF COUNTRY IN CHILDREN OF WHAT COUNTRY?	YRS.
5 K 31 23	COUNTRY) MARRIED MEVER MARRIED M	CITY OR COUNTY OF DEATH
8	VIRGINIA USA WIDOWED DIVORCED I I ON	TOM PAN MINIOTOE BUSINESS OF
= 2 11 BX	The Mother of the states of th	TO STREET OR
2 3	USUAL RESIDENCE (# MRCNG MINE OF OTHER INSTITUTION: (A) RELIGENSE MEDIE ADMISSIONS	IGHTER MONTGOMERY CO.
8 32 Emily	TMOSTOCHAMINA INTROPORT VEST NOT 1/24/	DESCRIPCOSE (DELLO
E 2 . E . E	The state of the s	DALEWOOD DRIVE) 20906
D 1750	WILLIAM ROY WILSON FRANCES	DURRALO
10	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	ADDRESS
* 1	The state of the s	IFE SAME AS 13
1	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
13	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLUMNIC MANUAL D	Locuellan 1/2 als
N 20 0 0	DUE TO, OR AS A CONSEQUENCE OF	21/ /11/2
15 Sep 11 10 10 10 10 10 10 10 10 10 10 10 10	Conditions, if any, which gove rise to immediate	0/7/1/60
2	couse (a), stoting the underlying couse lost	11/11/11/11
100	(c)	rey Trys
130111	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OF EASE	OR CONVITION GIVEN IN PART THE
11110	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOP	SY? 206. IF YES, WERE FINDINGS USED
3 3 5 5 5 5 5 7		IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
The state of the s	216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	RE OF INJURY IN ITEM IS PART 1 OR PART 2)
2001117	ITS STATES AND ITS ASSESSED AND ASSESSED ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED ASSESSED AND ASSESSED	
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1000	ATWORK ATWORK	131 CL 8
Z 2 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22a I certify that (I) (this hospital) afforded to deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	19 tho (1) (ive) lost
TA STATE	above (ii) we violal and not view the bady offer death.	
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4 4 4 5 5 4 T	228 PHYSICIAN'S NAME TIPE OF PHYSICIAN DIRECTOR	PHYSICIAN D
HOSPIT Planed by Could be the Shift	HUAN L. KERMAIFR IN 10313 CANRE	IR ALLE S.C. NOSTOS
0 1 2 4 3 2	230. BURIAL, CREMATION, REMOVAL 230. DATE 230. NAME OF CEMETERY OR CREMATORY 230. LOCATE	
BP		TWOOD PRINCE GEO. MARYLAND
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR FRANCTS T COLL TNS TR 250. DATE REC'D. BY REG	ISTRAR 256 REGISTRAR'S SIGNATURE
(VRA 15, 4)	500 UNIVERSITY BLVD. WEST SILVER SPRING, MD. APR O	4 1900





FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 070052 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) RACE SEX DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINGER LYEAR Th CITIZEN OF WHAT COUNTRY I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [IAKOMA PARK MANGHUNG IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OF LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mashington Adventist SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 196 COUNTY 136 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? DRINCE GED Webster ANDOVER HILL FATHER STIAME 15 MOTHER'S MAIDEN NAME RIBBY IM WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OF UNKNOWN) LIFYES GIVE WAR OR DATEST CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 7-MON74 IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL 95 DATE OF OPERATION 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE MARch 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an MARCH 4 abave, (1) (we) (did) (did not) view the body after death. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATU DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE Cremation Lees Crematory Washington, 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Rendon/Hale Lanham Fureral Home (VRA 15, 4) 9013 Annapolis Rd. Lanham, Md. 20706

STATE OF MARYLAND

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00-01040	1.	REGISTRAR				CERTII	REG. NO.						
		CEASED NAME	FIRST		MIDDLE		LAST	20. D.	ATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
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mo)	3. SE	х		4. RACE		5. DATE O		6. AG	JIN YEARS LAST BIRT		UNDER TYEAR	IF UNDER 24 HRS. HOURS MINL	
ecto Lrs of to		Female				June			95 YRS.				
oth. Po		IRTHPLACE STATE OR COUNTRY) Nebraska		76. CITIZEN OF	WHAT COUNTS	MARRIE	D NEVER MARRIED	XI BA	LTIMORE CITY OI	tgome		MD.	
by the fur	10.C	aithers bu	ATH	11. NAME OF	HOSPITAL, NUR CH FACILITY, GIVE STI	SING HOME	OR OTHER INSTITUTION	LTYPE	SUAL OCCUPATION WORK FOR MOST OF WORK FOR MOST OF	WORKING LIFE)	12h. KIND O INDUSTRY	F BUSINESS OR	
filled in loyid be f	USU 13a	AL RESIDENCE HE NURS	13b COUN	OTHER INSTITUTION BY	13c, CITY OR TO Be the:	OWN	13d. INSIDE CITY LIMITS		REET ADDRESS /		Zo ment H	ome	
d within d within a w	14. F	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		EAS		
¥ 9 5 5 -	140.3	Rudolph WAS DECEASED EVER	-	ederick	Wit-		Augusta 17 INFORMANT		Louise	55 0 0	Haged	orn	
MORE ond o		YES, NO OR UNKNOWN)		E WAR OR DATES)		4-6259	Dorothy Mi	zerek	9692°K				
ALTIV te be oers. F			H (Enter on	ly one couse per			DOLOGIA 111	Zerek	Cal otte	t abung		MATE INTERVAL ONSET AND DEATH	
T., B. phys npop movent,	1	18. CAUSE OF DEATH. (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).									304	up	
ON or cert		DUE TO, OR AS A CONSEQUENCE OF											
deotl deotl ove o fion,		Conditions, if ony, which (b)											
W. PR		gove rise to improve couse (a), static underlying couse	ng the	DUE TO, O	R AS A CON	QUENCE OF	0						
is, 201 uires the iigned b en plea o burial, ury, or a	z	PART 2. OTHER SIGI	NIFICANT C	CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT	NOT RELATED TO THE T	ERMINAL	ISEASE OR CONE	OITION GIVEN	IN PART 1co	01	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLANG TTO DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLANG TTO DIVISION OF WITHIN 2 Control Physician of the low requires that death certificate be executed within 2 control that have been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove corbon papers. Pages Pand 2 should be fill the and Mental Hygiene prior to buriol, cremation, or removal.	CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR WH	ICH OPERATIO	ON WAS PERFORMED		AUTOPSY?		WERE FINDING CAUSES		
CLAN: Till		71a. ACCIDENT WAS UN	CAUSE OF DEA	TH HOUR A	M. MONTH		21c. HOW INJURY OC	CURRED (E	NTER NATU INJUR	Y WILLIAM IS PAR	I I OR PART 2)		
HYSKILA ding p ding p buriol- Mentol	MEDICAL	(# EITHER, NOTIFY MEDI 21d. INJURY OCCUR			M. OF INJURY	19	21f LOCATION						
IVISIG PH offens offens s the l	ME		HIE []		REET, FACTORY, OFFI	ICE, FARM, ETC)	STREET		CHYORTOV	1	COUNTY	STATE	
Aff S Aff		22a.1 certify that (1)		tal) attended th	nejdefoorfd yn	1	111/1/18	, to		CO.	2	that (I) (wat last	
TITEN pitol pitol for the 21 is		sow the deceas above, (I) (wa)	ed alive on	1) view the body	other death	0	nd that in (my) foot opin	non death o	occurred on the do	te and hour o	nd from the	couses stated	
the hos in DIRECT DIRECT TO THE POST OF THE DEPT.		226. SIGNATURE	27	2//	m .	A	DEGREE ATTENDIN	G MEI	DICAL STAF	F	22c. DATE	SIGNED 86	
TO HOSPITAL retoined by th TO FUNERAL should be deter with the State MPORTANT: I		224. PHYSICIAN'S N	AME ITYPE O	RHINIT	RD.	116	Robinson	cod	BOM	Appl	(>	0817	
5 € 5 € 3 ₹		BURIAL, CREMATION,	REMOVAL	236 DATE		3 NAME OF	CEMETERY OR CREMATO	RY 1/3	LOCATION CITY OR TOWN		OUNTY	STATE	
BP		Cremat		3/9/1	86	Lee's	Crematory	1	Washingto	on, D.	C.		
DHMH - 16 50M 4/83 (VRA 15, 4)		artner San			316 A	E. Diam	nond Ave. 250.		D. BY REGISTRAR		R'S SIGNAT	URE	

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Beltsville, Md 2013

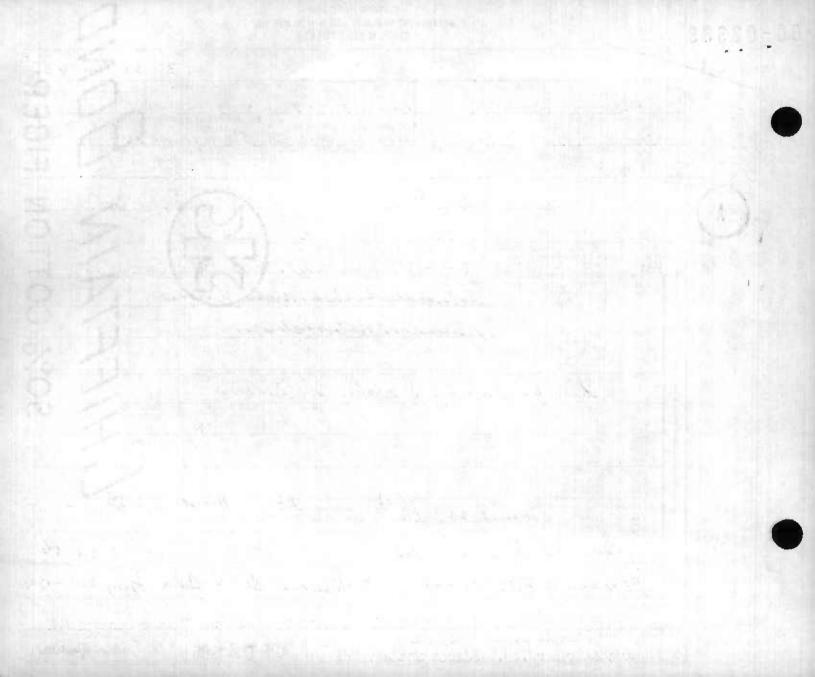
(VRA 15, 4)

500 University Blvd. W. Silver Spring.

(VRA 15, 4)

relia Davidner

STATE OF MARYLAND



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